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## OBITUARY

DR. DENIS CARROLL

1901—1956

It is with profound regret that we have to record the sudden death on the 21st November, 1956, of Dr. Denis Carroll at the age of 55 years. Dr. Carroll took a leading part in the development of the I.S.T.D. and was one of the original co-Directors of its Psychopathic Clinic. He was at one time Director of Research to the Institute and latterly senior consulting psychiatrist of the Portman Clinic (I.S.T.D.), a member of the Scientific Committee of the Institute and Chairman-elect of the Scientific Group for the Discussion of Delinquency Problems, which was founded by the I.S.T.D. Throughout his association with the Institute he engaged actively in its teaching and training courses and played an important advisory rôle in the deliberations of the Council. His death at the height of his career as a forensic psychiatrist is a heavy loss to the I.S.T.D.

*Dr. Glover writes :* Dr. Carroll gave early promise of a distinguished career. Educated at King's School, Chester, he proceeded to Trinity College, Cambridge, where he graduated with first-class honours in both parts of the Natural Science Tripos. Elected to the Michael Foster Studentship, he worked in Professor Barcroft's Department and published a number of physiological researches. Turning to the study of medical psychology, he entered the London Hospital (qualifying M.R.C.S. and L.R.C.P. in 1927) and at the same time registered as a student at the Institute of Psycho-analysis (he was elected an associate member of the British Psycho-analytical Society in 1932 and a full member in 1936). After a period of psychiatric experience on the staff of the Maudsley Hospital, he finally turned his attention to the psychiatric aspects of delinquency, and in the spring of 1933 joined the I.S.T.D. which had only recently been formed (in 1931) but had not yet developed its organization. From that time and except for a period of war-service as consulting psychiatrist in the R.A.M.C., where he gained the rank of Lieutenant-Colonel and was finally set in charge of the largest psychiatric

centre in the Army, at Northfield, Dr. Carroll devoted the larger part of his energies to criminological work, and, as has been indicated above, gave his services freely to the I.S.T.D. At the same time he conducted a large and successful private practice in psycho-analysis.

This bare résumé of his progress in the career of his choice does not, however, convey an accurate impression either of the range of his activities and the quality of his work or of the degree of influence he came to exert in the criminological and psychiatric fields, both at home and abroad. After the war Dr. Carroll became chairman of a committee founded to train personnel to cope with the after-effects of the war on Austrian youth. He was also consultant to the 'Q' camps experiment. He was a member of the Council of the Medico-Legal Society, of the Joint Committee of the British Medical Association and the Magistrates' Association and served for a time as Chairman of the Medical Section of the British Psychological Society. A brilliant and indefatigable teacher, he spent most of his limited leisure lecturing, conducting seminars and taking part in the work of research committees dealing with various aspects of delinquency, a circumstance which amply accounts for the relative paucity of his written communications on these subjects. In this connexion Miss Margery Fry writes: 'I remember vividly some of Dr. Carroll's lectures to foreign gatherings. His talk to the U.N. seminars a few years back seemed to me to be one of the best things of its kind I had ever heard; and I have watched him keep a British Council Group enthralled throughout a whole morning.' Incidentally he was a frequent and uniformly successful broadcaster on criminological subjects.

Perhaps the most fruitful outlet for his energies lay in his membership of the Home Office Advisory Training Board on Probation (from 1949), of the Home Office Advisory Council for the Treatment of Offenders (from 1954) and of the Home Office Departmental Committee on Children and Young Persons to which he was appointed shortly before his death. 'Dr. Carroll's teaching,' writes Miss Goode from the Home Office, 'whether of students or experienced officers, was particularly appreciated by them, because it was always geared to the practical realities of work in the probation setting. He made a unique contribution to the deliberations of the Board, Council and Departmental Committee not only as a psychiatrist but as one who could bring a discussion down to earth and suggest solutions of complex problems. His wise counsels will be greatly missed.'

From the beginning of his criminological career Dr. Carroll kept close contact with colleagues in the international field. He was a member of the organizing committee of the First International Congress for Criminology held in Rome in October 1938, and after the war took a still more active part in organizing the Second Congress (Paris 1950). He did a great deal to develop the International Society for Criminology and in 1950 was elected its President, a position he held to the time of his death. In this capacity he presided over the Third International Congress held in London in 1955.

A second channel of international organizing and advisory activity lay through the United Nations organization. In 1949 Dr. Carroll became a member of an advisory committee of experts on the prevention of crime and the treatment of offenders which was assembled by the U.N. Secretariat at Lake Success, New York. The Committee was convened to draft a programme of work to be submitted to the Social Commission. The inquiries and research aspects of this programme were considered by Dr. Carroll in conjunction with Professor Sellin and Professor Sanford Bates of the International Penal and Penitentiary Commission. The programme was subsequently approved by all the organs of the U.N., and gave rise *inter alia* to a survey of activities designed to prevent delinquency in Europe and Turkey. This survey was carried out by the I.S.T.D., with the active co-operation of Dr. Carroll. Regarding the activities of the U.N. Committee, Professor Sellin writes: 'Carroll took an enthusiastic and constructive part in the discussions and although the three of us on the sub-committee



came from such different fields our minds met and co-operation was perfect.' Dr. Carroll was also appointed by the U.N. as one of the experts at the European Seminar on the medico-psychological and social examinations of offenders held in Brussels in 1951, and was one of twelve experts appointed by the U.N. at the European Seminar on Probation held in London in 1952.

But when all is said in recognition of Dr. Carroll's many administrative and advisory achievements, it remains true that his greatest contribution to criminology lay in the influence he exerted amongst his co-workers and students. Dr. Carroll was a man of acute intellect, fine judgment, ripe clinical experience and an insatiable scientific curiosity, with an incomparable flair for research and an easy fluency in communicating his ideas. As an adviser and director of research his services were invaluable; added to which he had an unusual capacity to inspire those he directed with an enthusiasm akin to his own. It is the effect of this personal influence which in the long run will prove the most lasting memorial to his work.

*At a Commemoration Service held at St. Mark's, North Audley Street, W.1., on December 7th, 1956, Dr. Edward Glover gave the following address:*

We have come here today, those of us who knew him well, to bear witness in common to our grief at the loss of Denis Carroll, a grief rendered more poignant by his swift and tragic death at the very height of his professional career, and when his many powers were marshalled in full force.

We are also tied, not without pride, by the bond of a common obligation, to pay tribute both to his achievements and to his services. For as we praise famous men at their death, so do we lay the foundations of their memory in generations to come. It is therefore our plain duty to honour one who has not only served the community well but has helped also to widen the horizon of social progress.

Those who knew him during his boyhood, when already he showed a quick, alert intelligence and eager ambition, knew also he was marked out for distinction. And that early promise became still brighter as he passed through an outstanding academic career at the University of Cambridge in search for ways and means of giving rein to his powers, and for the niche in life which he ultimately found and filled so well. Almost inevitably his mind turned at first to the natural sciences, and it was characteristic of him that he submitted himself with enthusiasm to the discipline of mathematical study; and then, driven by an inner urge and conscious predilection to more immediately humanistic ends, to research in physiology—an activity which in its turn led to the study of human suffering and so to the practice of medicine. It was then that Denis Carroll took the decisive step of his life. Recognizing that suffering is in the last analysis one of the forms of mental conflict, he betook himself to the study of the mind.

This is neither the time nor the place to set out circumstantially the steps of a new career that was soon to be crowned and crowded with success. Let it be said simply that he became a physician, a psycho-analyst of distinction, one of the most brilliant psychiatrists of our generation, and finally a pioneer in, ultimately a master of a new science—the psychology of crime. This is a field of study which runs from the frayed edges of social life down to the deepest layers of the individual mind—where conscience is born, or, as sometimes happens with delinquents, where it lies stillborn. It is a study that calls for the use of many skills. In Dr. Carroll's case these skills were wedded to an administrative capacity, a power of teaching and persuasion, and a constructive imagination which, disciplined always by shrewd native judgment, set him high in the counsels of those government departments whose duty it is to cope with the complex problems of human delinquency; and equally high in the esteem of his colleagues in



the ancillary sciences of criminology. It was here that his unique services to the community lay. For his work not only did much to advance the enlightened treatment of criminals of all ages and to prepare others so to treat them; Dr. Carroll was farseeing enough to envisage the possibilities of prevention of delinquency and to indicate the point in early development when these have best chance of success. In a word, he added one more clause to the unwritten charter of rights and liberties of children; the right to uninterrupted nurture and the liberty to develop unwarped. It is some measure of his success in these efforts that for the last five years of his life he was President of the International Society for Criminology and steered its Congress with acclamation.

This is not, however, the end of the story. For with all his official and onerous commitments Denis Carroll combined the practice of mental healing of those who came to him seeking help. It is within these private confines of human suffering that the mental physician finds a recompense for labours that are at the same time arduous and delicate. Such rewards Dr. Carroll must have enjoyed in unstinted measure; for although he devoted himself always to the science of mind, he had within him that capacity for rapport with the mentally afflicted that alone can bring the art of healing to fruition. But let some few of the many who were helped by him speak for themselves. 'I was absolutely horror-struck', so wrote an ex-patient of his the other day, 'to hear of Carroll's death. He was such a superlatively good man; and if what he did for me is the measure of what he did for others, his patients live and enjoy life now because of him'. And on an even more passionate note, this from another: 'Dr. Carroll had come to be virtually the centre figure in my sick little world; his deep understanding, his spiritual strength and his unbounded thoughtfulness instilled in me the courage to fight through the darkness which engulfed me. I owe it to him that I have become a complete person and I owe it to him to cherish the wise things he taught me about myself and to continue to follow the guidance he gave me as best I may'.

Of his private life, those who shared it will preserve the warmest memories; for even when long overtaxed by the load of public and private work—a burden which contributed in no small measure to his early death—Denis Carroll never failed to exercise his gift for friendship. Endowed with a darting quickness of perception, he combined a sympathetic appraisal of the turns of life with a gentle irony that carried in it no trace of malice. To this was added a gift of tongues which, quickened by a retentive memory and enriched by an encyclopaedic store of information and anecdote, made converse with him an exhilarating occasion.

Nor should we forget during this passing Service of Commemoration that our public grief at the death of a man of so many parts cut down in his prime is as nothing to the sorrow that has struck so swiftly at the heart and hearth of his family. To his widow and to his children we can but offer our affectionate condolence in their bereavement, firm in the conviction that with the passage of time they will build up and treasure a store of sustaining and prideful memories of him as a husband, father and companion, one of that rarer breed of men of whom it is written in the *Ecclesiasticus*: 'There be of them that have left a name behind them that their praises might be reported'.

## EDITORIAL

In pursuance of its policy of encouraging contributions from those who administer the law, the Editorial Board is glad to publish a communication from Mr. Claud Mullins whose long and honourable record on the Bench was greatly enhanced by unwearied advocacy of the application of psychological methods to the diagnosis and treatment of delinquency. The issues he raises in his letter are of particular concern to those who have at heart the development of modern criminology, including the training of psychiatrists in the broader aspects of clinical psychology, and the provision of adequate diagnostic and therapeutic facilities in rural areas. Mr. Mullins may perhaps be unduly pessimistic regarding the recent spread of psychological principles and training in a faculty which originally was concerned for the most part with the handling in mental hospitals of cases of outspoken psychosis; but he is clearly anxious that cases of pathological delinquency should be given the attention of those whose experience of non-psychotic behaviour disorders is broadly based. This raises the further problem, *viz.* whether the recent expansion of forensic psychiatry does not call for special qualifications on the part of those who examine and treat delinquents, or whether a general training in psychiatry is a sufficient qualification. The experience of those who have worked actively at delinquency centres clearly points the advantages of special training and practical experience. Forensic psychiatry has now reached the status of a speciality and it is highly desirable that, particularly in rural areas, experience in delinquency work should be made one of the conditions of appointment to the staff of psychiatric centres. Once this provision is met the way will be open to set diagnostic and therapeutic methods on a basis which will satisfy Mr. Mullins' requirements.

It is widely accepted that the team of the child guidance clinic has done more than any other technique to disclose the many dimensions that make up those behaviour disorders of children which assume anti-social form. As Barbour states in this issue, predelinquency is an ominous and perhaps an unjust term in that it prejudges issues, but, nevertheless, the child guidance multi-discipline inquiries in all cases referred show us when we can, through longitudinal studies—which the clinic affords—look ahead into the future of what may or may not be the larval forms of delinquent behaviour. The little sadist who is cruel to cats, the child who pilfers pennies may not be the potential criminal. Only a multiple inquiry can help to decide what vectors in social, medical, psychodynamic patterns produce delinquency rather than fleeting neurosis or rebellion.



But one consideration must be in the forefront of this technique of the team, *i.e.* the issue of reporting on findings and recommendations. The team, by its daily personal contacts, develops a common language derived from the vocabulary of its various techniques. Yet, above all, the common language of the child guidance clinic workers must be shared by the magistrate and the probation officers. This can only be achieved if the clinic workers develop a *lingua franca* of delinquency in particular.

Clinic workers can only win the collaboration of the legal arm if they translate, as they must do, the language of science into the language of everyday life of which delinquency is a painful manifestation. A sense of regional culture must also be exhibited in such reports as reach magistrates and local agencies. There is no danger of sacrificing scientific exactitude if the common language is employed for describing common problems. By these means a common bond is established between the scientist, the family, the administrators of the law—itsself a paramount social agency. Mutual understanding is the cement of society.

The history of prison reform discloses a process of change in our conception of the mind of the offender, which springs not only from the ethico-religious view of human personality, but from depth psychology. The time is arriving when the very term 'penology' will shrink in denoting methods of handling, despite the advocacy of judges, such as the late Lord Hewart and Professor McTaggart, who both held that the prisoner has a right to his punishment. Nevertheless, the study of the psychopathic person does open up a new avenue for treatment which Seymour Parker's essay illuminates. This thesis is intended to convey that, inasmuch as such persons differ from neurotics in 'acting-out' their grudge against society, the approach to psychopathic offenders might well be the creation of an environment or living space shared by others where the acting-out would be constantly subject to social interpretation and judgment by a community of equals. This could hardly be carried out by a community hierarchical in structure. Judgment from above must inevitably lead either to penal awards for unsocial conduct or forgiving from above as occurs in religious confessionals.

Various experiments both here and in the U.S.A. have attempted to 'flatten out' the hierarchy except in so far as no organization can eliminate levels of routine management. At the Northfields War Hospital in 1944—and now at Belmont—the members of the hospital constitute a community in which the capacity for mutual identification is possible through the empathy which follows from the assumption of the rôle of co-operative membership. Seymour Parker's examples show that in acting-out and its impact on others a process of social learning takes place which is therapeutic.

# CHILD GUIDANCE CLINICS AND THE PREVENTION OF JUVENILE DELINQUENCY<sup>1</sup>

BY R. F. BARBOUR (BRISTOL)<sup>2</sup>

At the First International Congress on the Prevention of Crime, held at Geneva in August 1955, there was much discussion as to the scope of the term 'juvenile delinquency'. Some people wished to limit it to definite offences against the criminal law of the country; others wished to widen it to cover any behaviour that was deemed undesirable even though no technical offence had been committed. Yet others saw it as a rather pointless subdivision of the total category of maladjusted children. The Secretariat's report (1) says: 'The two concepts of predelinquency and potential delinquency are frequently used in the field of juvenile delinquency although there is no general agreement as to their meaning.' In this country we dislike categorizing people especially if it implies an excessive degree of fatalism as to their behaviour and so the concept of the 'predelinquent' has been received with very considerable scepticism. The protagonists in this field are the Gluecks who, in their book 'Unraveling Juvenile Delinquency' (2) set out Prediction Tables. Eleanor Glueck contributed an article to this journal (3) in 1952, on 'Predicting Juvenile Delinquency'. They, of course, stress that any action is the resultant of an individual in an environment and all prediction is a matter of probability. One can generalize about 100 West Africans or 100 Scots but there is no guarantee that the generalization will apply to the next Scot that you may meet. Some clinics which have long and full records have taken comparable cases and applied what I call the Glueck screen, and the results are interesting though not conclusive. The Gluecks might make a comparison with tuberculosis; not everyone exposed to the bacillus in fact develops the infection, nevertheless such a high proportion do that we feel justified both in building up tuberculin-tested herds and in immunizing individual children. The Gluecks would have us ascertain, about the age of 8, the children especially susceptible to

<sup>1</sup> Based on a Maudsley Bequest Lecture, February 1956.

<sup>2</sup> I should like to thank the Chairman of the Bristol Juvenile Bench for permission to use the statistics of that court, and also the Clerk of the Court for kindly providing me with certain details not included in the published statistics. I am also indebted to the Chairman of the Managers and to the Principal of Kingswood Training and Classifying Schools for allowing me to go through their records, and to the staff for their help in obtaining the figures given.



delinquency and bring to bear on them the maximum power of what we consider to be socializing influences. Possibly though there is a cultural difference in our attitude to aggression and to infection. May not some asocial activities really be a sign of growth? Do we really feel that crime *per se* is wrong, or is the mistake being caught out? How far is stealing in itself wrong and how far are there sub-cultural differences—for instance, stealing from the government by false income tax returns, from the employer by leaving early, or from a neighbour by taking money from his wallet? Possibly we are also influenced by another cultural pattern, for in our country it is the individual who gets the benefit of the doubt; we protect the individual rather than the community.

Nevertheless more and more attention is being focused on the prevention of all types of maladjustment. If we really believe that the main traits of character are laid down in the pre-school years, then preventive measures, if they are to be more than palliative, must start when the child is still a toddler. The Underwood Report (4) recommends that 'Child Guidance Clinics should work in close co-operation with child welfare centres in their area'. This side of the work needs much expansion. In the training of health visitors the importance of the emotional needs of the child has at last received official recognition and the curriculum includes lectures on child development and mental health.

#### CLINIC PRACTICE

Turning now to clinic practice, I should like to mention three things which in a small way may have contributed to the local decline in juvenile delinquency. The national figures show a drop of a quarter over the last five years and the causes are many and various, some national, some local. In Bristol we have what we term 'open' referrals. Any Bristol resident can make an appointment for his child. It is interesting to note that this is one of the recommendations of the Underwood Report (5). Parents are frequently loath to tell official authority, be it Head Teacher or School Medical Officer, that they have certain kinds of problems in their home. A fair number of general practitioners still do not regard stealing, no matter what its nature, as a medical matter. We have found that these parents who refer cases themselves are extremely co-operative. Permission is always asked to send a report to the practitioner, and in the last year it has been refused in only two cases; in one of these the practitioner was also the parent's employer. In two cases general practitioners wrote back expressing surprise that cases had been seen without their prior permission having been sought. Possibly the fact that there is a four weeks' waiting period for most types of



cases prevents misuse of this type of referral. 10·5 per cent. of our cases in 1955 were direct referrals by parents. Table I shows the main reason for referral.

TABLE I  
*Cases referred by parents in 1955*

|                                    |    |
|------------------------------------|----|
| Behaviour problems . . . . .       | 11 |
| Stealing . . . . .                 | 10 |
| Non-attendance at school . . . . . | 6  |
| Nervous . . . . .                  | 6  |
| Backward . . . . .                 | 3  |
| Enuresis . . . . .                 | 2  |
|                                    | —  |
|                                    | 38 |
|                                    | —  |

The second point is a more adequate ascertainment of handicapped pupils. In Bristol the educational psychologists work half-time in the schools and half-time at the clinic.

TABLE II  
*I.Q.s of children referred to Bristol Child Guidance Clinic from Juvenile Courts*

| <i>I.Q.</i> | 1949 | 1950 | 1951 | 1952 | 1953 | 1954 | 1955 | <i>Normal</i> |
|-------------|------|------|------|------|------|------|------|---------------|
| Over 115 .  | 5·9  | 3·9  | 4·2  | 6·2  | 5·1  | 5·6  | 6·0  | 16            |
| 85-114 .    | 57·1 | 56·5 | 59·1 | 62·8 | 62·6 | 64·4 | 69·4 | 68            |
| 70-84 .     | 30·1 | 28·3 | 29·7 | 25·9 | 27·3 | 24·4 | 19·1 | 13            |
| 55-69 .     | 6·9  | 10·9 | 6·6  | 4·0  | 3·9  | 4·6  | 4·5  | 2             |
| Under 55 .  | 0    | ·4   | ·4   | 1·1  | 1·1  | 1·0  | 1·0  | 1             |

Table II shows the gradual alteration during the last seven years of the distribution of I.Q.s of children charged with indictable offences referred to the Clinic. There is a gradual rise in the percentage of children with normal I.Q.s and a corresponding drop in the dull group. A big factor here is the efficient coverage of the schools by the psychologists, so that backward children are found early and appropriate steps can be taken regarding their schooling before they feel too frustrated by their educational incompetence.

The third point is the provision of psychological and psychiatric advice in the case of neglected and unprotected children. One of the educational psychologists pays weekly visits to the Reception and Observation Centre run by the Children's Department. Each child has, as a minimum, an intelli-

gence test, a test of educational attainments and projection tests. The Children's Department holds monthly case conferences which are attended by the Children's Officer, the Children's Visitors, the warden of the Reception Centre, the Medical Officer of the Reception Centre, the warden of the long-stay homes, the educational psychologist and myself. This case conference decides on the appropriate disposal; whether a child is, or is ever likely to be, fosterable, what kind of home is needed, whether with children of his own age or with younger children. Failed placements are analysed carefully: did the foster-mother really appreciate that the child was dull? was she upset by his stealing? These conferences have been taking place for about four years and it is hoped that slowly a better system of helping children is being evolved.

There is a real danger of staff becoming 'clinic-bound' and I would suggest that at least a third of the staff's time should be spent on prevention, on what one might term 'trouble shooting', usually best achieved by mixing with the other workers in the field at the case-conference level.

TABLE III  
*Juvenile Persons proceeded against in the Bristol Juvenile Court  
during 1955*

| <i>Offence</i>                                   | <i>Male</i> | <i>Female</i> | <i>Total</i> |
|--------------------------------------------------|-------------|---------------|--------------|
| Malicious wounding . . . . .                     | 4           | —             | 4            |
| Attempts to commit unnatural offences . . . . .  | 2           | —             | 2            |
| Indecent assault on female . . . . .             | 17          | —             | 17           |
| Sacrilege . . . . .                              | 3           | —             | 3            |
| Housebreaking . . . . .                          | 10          | 2             | 12           |
| Shopbreaking . . . . .                           | 29          | —             | 29           |
| Entering with intent . . . . .                   | 2           | —             | 2            |
| Embezzlement . . . . .                           | —           | 1             | 1            |
| Larceny dwelling . . . . .                       | 5           | —             | 5            |
| Larceny servant . . . . .                        | 8           | 2             | 10           |
| Larceny of postal letters . . . . .              | 4           | —             | 4            |
| Larceny of pedal cycles . . . . .                | 24          | 1             | 25           |
| Larceny from unattended motor vehicles . . . . . | 15          | —             | 15           |
| Larceny from shops, stalls, etc. . . . .         | 27          | 12            | 39           |
| Larceny from meters . . . . .                    | 3           | 2             | 5            |
| Other simple larcenies . . . . .                 | 116         | 15            | 131          |
| Receiving . . . . .                              | 15          | 1             | 16           |
| Arson . . . . .                                  | 1           | 1             | 2            |
| Malicious damage . . . . .                       | 6           | —             | 6            |
| Forgery (felony) . . . . .                       | 1           | —             | 1            |
| Other frauds . . . . .                           | 1           | —             | 1            |
|                                                  | 293         | 37            | 330          |



## COURT REFERRALS

The second line of defence is to prevent delinquency recurring. In 1955, 330 children appeared in the Bristol Juvenile Court charged with indictable offences. The highest figure was in 1951 when 437 cases appeared on such charges. Larceny and housebreaking are far and away the commonest offences.

In Bristol we provide two services for the Juvenile Court, the first known to us as 'Full Clinic', the second as 'Psychological only'. 'Full Clinic' cases are examined in exactly the same way as any other referral, including a physical examination. Where a case is referred for 'Psychological only' both parent and boy are seen by the educational psychologist who writes the report for the court.

A diagnostic service for the court has to be reasonably speedy or it loses much of its point. I have heard it said that 'naughty children' should not have priority over other types of maladjusted or ill children such as epileptics. Personally, I consider that the correct disposal of these difficult children is a very worthwhile investment by the community. In Bristol the usual period of remand is for two weeks. The cases are seen on the tenth day, which gives time to obtain reports from other departments and allows time to make recommendations and, where necessary, to find out what possibilities there are of vacancies in the various residential institutions.

It is important that parents and child are seen by the same staff. I am told that in some areas a boy is seen at the Remand Home by a psychiatrist but that a children's visitor or probation officer may see the parents, and the two sets of facts are not closely dovetailed.

Every 'Full Clinic' case is conferenced the same afternoon, and the probation officer concerned is usually present. A recent school report is available. This allows of a really full discussion and the weighing-up of the pros and cons of the different possible disposals. If the recommendation is for a Fit Person Order the Children's Officer is informed by telephone so that his representative is not taken by surprise when the clinic report is presented in court. Once again, I would stress the vital importance of inter-departmental relationships with the Probation and Children's Departments.

While one is relatively satisfied with what can be achieved in three hours at a clinic it is possibly salutary to indicate the scope of examination suggested by the International Union for Child Welfare (6):

'Physical and anthropometric examination.

Psycho-sensorial, psycho-motor and intellectual examination.

Scholastic attainment and/or vocational aptitudes.

Study of the emotional life; defence and adaptation mechanism.

Determination both of the process of the development of the personality and of the stage reached.

Study of general behaviour.

Study of child's subjective attitude towards offence and its consequences.

Study of the case-history.

Study of the environment including not only material and social but also psychological factors.

Whatever the system of observation used, the following principles, common to them all, ought to be observed:

- (a) the process of observation ought not to be confused with the quite distinct matter of trying to establish the facts:
- (b) the child ought not to be submitted to many independent observations carried out successively by different teams:
- (c) residential observation should be conducted in the shortest possible time and never take more than two to three months:
- (d) the methods used ought to be so conceived as not to complicate re-education later on; in particular, they should see that the child is not confused by ways of life too different from the social standards to which he will afterwards have to conform; they should also obviate any too fixed emotional transferences:
- (e) all steps and techniques of observation should be inspired by the greatest respect for the person of the child:
- (f) the utmost care should be taken to work with the parents during the whole observation.'

Some other points are worth mentioning. The Bristol Clinic was opened in 1936 and therefore many of the problem families are known to us and it is not unusual for us to find useful information about one case on the files of another. I would also stress the importance of the physical examination at the clinic. It is useful to know whether an offender has reached physiological puberty or whether that is still ahead with its liability to greater emotional swings. We have the advantage too of being able to get an electroencephalographic examination carried out very quickly.

The Juvenile Bench has a wide series of possible disposals to consider. In 1955, the following disposals were actually made by the Bristol Juvenile Court.



TABLE IV  
*Disposal of Cases appearing in the Juvenile Court  
 for Indictable Offences in 1955*

|                                        |     |
|----------------------------------------|-----|
| Absolute Discharge . . . .             | 15  |
| Conditional Discharge . . . .          | 92  |
| Probation . . . . .                    | 123 |
| Attendance Centre . . . . .            | 24  |
| Custody in Remand Home . . . .         | 2   |
| (Section 54)                           |     |
| Detention Centre . . . . .             | 3   |
| Approved School <sup>3</sup> . . . . . | 53  |
| Fit Person Order (Offenders) . .       | 7   |
| Bound over to keep the peace . .       | 1   |

A recent report by the Home Office (7), describing the work of a Detention Centre, says that it 'is for the more hardened boy in his 'teens who has passed the stage where it is sufficient to bring him into contact with a figure of authority and to inflict a schoolboy punishment'. We have found few boys for whom this seemed a suitable method of treatment. Grünhut's article in this journal (8) on Campsfield House gives some tentative conclusions.

The harder question is often to decide between advising an approved school or recommending a hostel or residential school for maladjusted children. When, in 1945, maladjustment was first officially recognized as a specific category of handicapped pupils, I thought that we might make big inroads into the court figures but in fact the practical difficulties of sending boys away are so great that the number sent is a trickle compared to the number of boys who have to appear before the Bench. The Underwood Report stresses the need for early ascertainment of maladjustment and points out that, if adequate treatment for such cases were readily available, many maladjusted children who are brought before a juvenile court would not need to appear there. The report also recommends (9) that any child so handicapped as to need special educational treatment in a boarding school should be provided with residential treatment by the local education authority rather than be sent by the court to an approved school. In practice, however, there may be considerable difficulty in persuading a committee to pay upwards of £350 per annum for a 'bad boy' and, secondly, there is the problem of obtaining a vacancy. Further, it is necessary to obtain the parents' consent

<sup>3</sup> Eight of these boys were non-Bristol boys though temporarily resident in a probation hostel in the Bristol area.

and if this is unwillingly given the parent may change his mind and remove his child after a term or so from the school for maladjusted children. Though the local education authority can then charge the parent with failing to provide appropriate education, it is in fact seldom done.

Being sent to an approved school means that the boy is usually away for about two years before being tried on licence. He will visit his home each holiday provided it is considered suitable, thus the link between boy and home is maintained. There is an After Care Agent who can supervise, once the boy is back at home, and frequently more active social work is done with the parents when the boy is sent to an approved school than when he is sent to a school for maladjusted children. In theory the clinic staff try to work with the parents when a boy is sent away to a hostel or school for maladjusted children, but many clinics find themselves so hard pressed that they cannot find time to do intensive work with parents in such cases.

Some other points are worth mentioning. If a boy is sent to an approved school he leaves home at once; there is always a vacancy for him somewhere. so, from the point of view of the Bench it is a 'clean' decision, parents cannot later change their mind. Some parents prefer it as, in their eyes, it has clearly established the fact that it is the boy who is naughty. If a boy is fostered it can be humiliating to discover that other parents can do a better job. Although a boy ascertained as maladjusted should remain at a school for maladjusted children until he is 16, in fact boy and parents often get restive once he has passed his 15th birthday. Schools for maladjusted children are, in my experience, becoming increasingly unwilling to take children after they are 12-13, as they claim that they do not have enough time with them, yet it is in the higher age ranges from 14-16 that most delinquents are found. All these various factors make approved schools still the most frequent residential disposal for a boy or girl with a behaviour problem.

Possibly the most difficult decision of all is that of advising that a Fit Person Order be made. Of the 81 such orders made by the Bristol Juvenile Court in 1955, only 7 were in the cases of children who had been charged with offences. A further 10 were children brought before the court as being beyond their parents' control. The behaviour of children is the resultant of the interaction of the child and his environment and it is not easy to forecast developmental changes in the child and, even less easy, possible alterations in his home. In theory, of course, the child, even when a Fit Person Order has been made, can at any time be returned to his own home for a trial period but, for a variety of reasons, once a child has been removed official authority usually keeps him well away. When a child has been made the subject of a Fit Person Order, all too often the child is given little in the way



of explanation and scarcely any time to say goodbye. He is carried off to 'a place of safety' where he has to learn to adapt to new parent figures, to new playmates and usually to a new school. But the practice of Children's Departments is gradually being altered to meet modern views and may soon attain the ideals set out in Appendix 4 of the Seventh Report of the Children's Department (10). It is a decision of overwhelming significance to advise that certain parents are unfit to look after their own child. We have experimented with various projection and personality tests but have found no really reliable method of deciding degrees of rejection, or of forecasting, say, whether a girl who in two years' time will be at puberty will then be in greater or lesser need of her own parents.

I would now like to turn to the question of relationships with the Juvenile Bench. I take it that our aim is to provide an information service, to give the magistrates a psychological profile which they may use in deciding what recommendations they should make. The need for a close liaison is stressed in the Underwood Report but it should be two-way traffic. One has heard magistrates' stories about verbose, incomprehensible psychiatrists but one has also listened to some psychiatrists who seem to think that all juvenile court magistrates are quite incapable of coming to a sensible decision without a psychiatrist to advise them. Good personal relationships are essential and to bring this about clinic staff should visit the Juvenile Court at least once a year and in return invite the Bench to visit the clinic and see how the facts, on which their reports are based, are obtained.

Reports are a waste of time unless they convey to the reader what he requires to know. Personally, I insist that the whole of my report is available to the magistrates and not merely a summary included in a report by either the Probation or Children's Department. It is still necessary to emphasize that reports should be written in ordinary English; phrases such as 'rejection by mother', 'a big scatter in the test', creep in rather easily and may mean very different things to a lay Bench and to the clinic staff. Discussion with the Bench on the form of the reports can be very useful and agreement can be reached as to how specific the recommendations should be. Magistrates will accept a description of a child without a recommendation but if a specific form of training is mentioned, then they expect us to have a clear idea as to what the particular training that we advise will be like.

The Seventh Report of the Work of the Children's Department (11) says that 'the juvenile court, though in form a specially constituted court of summary jurisdiction, has developed in many ways the functions of a social agency concerned particularly with the intervention of the State in the relations between parent and child'. As such it is the common meeting place

of the advisers and specialists together with the parents and child but under the authority of the law, and provided the magistrates, acting on the child's behalf, are satisfied that the plan put forward is really in the best interests of the child, they can overrule the rights of the parents. To work out smoothly what is the best for the welfare of the child is the joint task of everyone concerned. If the Bench feel that we understand their problems then they will listen to our recommendations. The educative effect is mutual and the overall result one hopes is that the 'punishment fits the offender', a blend of 'individualized treatment' with 'standard justice'.

As a result of this close liaison in Bristol we seldom find that there is any serious divergence of opinion as to what should be done in any particular case. In 1955 out of 200 cases charged with indictable offences, referred to the clinic, 74 cases—39 boys and 35 girls—were seen as 'Full Clinic' cases. In only five cases did the course adopted by the magistrates not coincide with that recommended in the clinic report. In three cases where the staff favoured approved school, the magistrates tried probation; in one case where probation was suggested the Court Order was for an approved school. In the fifth case a residential E.S.N. School was advised but the magistrates sent the girl to an approved school.

The actual disposal of these 74 cases was as under:

|                            |    |                           |   |
|----------------------------|----|---------------------------|---|
| Supervision or Probation . | 35 | Hostel for Maladjusted .  | 3 |
| Approved School . . .      | 16 | Residential School E.S.N. | 3 |
| Fit Person Order . . .     | 10 | Probation Home . . .      | 2 |
| Conditional Discharge .    | 3  | Certification as M.D. .   | 2 |

#### TREATED CASES

Successful treatment is one way of preventing further crime. But as indicated in the report prepared by the Institute for the Study and Treatment of Delinquency for the First United Nations Congress on the Prevention of Crime (12), 'it is extremely difficult to prove exactly what part treatment plays in the non-recurrence of delinquency'. They kindly add that 'the great demands made on clinics certainly indicate that they meet a genuine need'. Four of our last year's cases appeared in the court while on treatment, two others while on the waiting list for treatment. A purely practical point arises, namely, that the highest incidence of delinquency occurs during the last year at school and first year at work; so, unless the clinic is open after working hours, many boys will not ask for the time off work to attend a clinic which has a name such as Psychiatric or Child Guidance. Some clinics will accept cases where treatment is made a condition of probation, but my own feeling is that that is usually a mistake.



Excepting the Institute for the Study and Treatment of Delinquency, no other organization in this country, to my knowledge, has organized special clinics solely for offenders. In most clinics the boy referred by the court, who has been taken on for treatment, attends and receives the same forms of treatment as the boy who has stolen at school or at home, or who has been referred, say, because of nightmares or asthma. Assessing the success of treatment of court referrals is therefore similar to assessing the success of any other type of referral—no harder, but equally, no easier.

Recently, a follow-up of the referrals to the Bristol Child Guidance Clinic in 1946 (13) was published. In that year a psychological examination was carried out on all boys when the case was either adjourned or the boy was remanded in custody; not all these examinations were carried out by the clinic staff and therefore the Juvenile Court referrals to the clinic formed a special sample, an incomplete one, of the total court cases. In most respects the Juvenile Court referrals resembled the remainder of our Child Guidance population excepting for age. They improved very markedly during the five-year period—actually they showed a greater degree of improvement than referrals from other sources—but it was later discovered that this in part was due to the fact that any court appearance had been considered by the markers of the forms to indicate a serious degree of maladjustment, an opinion that not everyone would hold. The cases referred by the court were compared with those referred to the clinic from other sources but for similar symptoms, namely, stealing, aggressiveness, sex misbehaviour. This group of children, both court and non-court, did not have a larger proportion of earlier developmental problems than those referred for other symptoms, and actually the referrals from the court, as mentioned above an atypical sample, appeared to have had even fewer difficulties. Early separation was definitely associated with behaviour difficulties but here again there appeared to be no difference between those referred from the court and those referred for the same symptoms from other sources. Although girls and boys in the court referrals were in the same proportion as in the non-court cases, girls who stole tended to come to us from sources other than the court. The other positive finding was that the court cases more frequently had mothers who were at work. This item is not stressed, as it is probable that this may have been one of the factors which influenced the magistrates and probation officers in referring the case to the clinic for an opinion. This follow-up merely confirms what is already quite well recognized, that if we are going to prevent juvenile crime, special attention has to be paid to the break-ups of the family pattern in early life and preventive measures must aim at keeping families together.

### BOYS COMMITTED TO APPROVED SCHOOLS

Just outside Bristol there is a Classifying School through which pass practically all the boys who are committed from Juvenile Courts in an area extending from the Scillies along the south coast to the eastern boundary of Hampshire, then north including Oxford, north-west to Birmingham and then westwards bisecting Wales. About 500 boys are admitted each year and, thanks to the co-operation of the staff, I was enabled to go through the records of 200 boys, consecutive admissions during the autumn of 1955. Of these, 103 boys had been previously seen by a psychiatrist or psychologist. 75 were the subject of a recent report, usually written expressly for the Juvenile Bench. In 34 cases the reports showed that treatment had been attempted—14 of the boys had been in either a hostel or residential school for maladjusted boys. The staff of the Classifying School had advised psychiatric treatment in 14 cases, 11 of these being boys where treatment had also been advised by the previous psychiatrist. In the other three cases, there were two sex offenders and one very withdrawn individual. There was no evidence to show that any of these three had previously been seen by a psychiatrist. Of the 200 cases, 20 had I.Q.s of 75 or less, and 6 an I.Q. of 65 or less; two of them, one with an I.Q. of 56, had apparently not been previously seen by a psychiatrist. 18 of the boys who had previously been seen by a psychiatrist were at the adjoining Training School.

The majority of the reports were helpful, though a few were just disposal recommendations. In only about two could the wording have been criticized as being too full of technical terms. I think they would all have been intelligible to members of the Magistrates' Association. As far as one could determine, the magistrates had nearly always carried out the recommendations, though in two cases they had sent the boys to an approved school where the psychiatrist had suggested an E.S.N. residential school.

The following points, I think, emerge: (i) That on the whole the service to the courts is good. (ii) That in some areas it may be worth reminding magistrates that a case might be re-examined if there is no report on the files dated within the last 18 months. (iii) That there are still too many dull boys being sent to approved schools. (iv) That as long as schools for maladjusted boys cannot hold really difficult asocial cases, then there is need for approved schools with good psychiatric facilities. As things are worked at present, a failure at a school for maladjusted boys is likely to be sent to an approved school, but it could equally well be the other way, so that a boy who failed to profit by the training at an approved school was sent to a school for specially difficult maladjusted boys.



*To sum up :*

Bovet, in his report on Juvenile Delinquency to the World Health Organization in 1950 (14), said: 'The major preventive tasks can be brought to a successful conclusion only by doctors, psychologists, social workers, re-educators and magistrates working together in teams. Only in a "multi-dimensional" view with corresponding "multidimensional" prophylaxis can there be any hope of overcoming all these difficult problems. One of the most effective ways of obtaining this co-operation is through child guidance teams.' This viewpoint is stated with even more emphasis in the report of the Secretariat of the United Nations (15): 'Among the different types of social agencies found in the world today Child Guidance Clinics are perhaps the most important from the viewpoint of the prevention of juvenile delinquency.' But, having said this, each document also points out that not all delinquents are maladjusted. The report prepared by the Institute for the Study and Treatment of Delinquency (16) stresses the need of 'some knowledge on the part of specialists in child guidance work among delinquents or pre-delinquents of other causes of juvenile delinquency besides emotional disturbance or psychopathology since they may be operative as important factors even in disturbed children'.

As a professional group we must try even harder to see that what we preach is put into practice. To quote from Bovet again (17), 'Priority should be given to all those measures which enable a mother to be constantly with her child from birth and during the first three years at least.' Yet the practice in many of our pediatric units lags well behind this ideal.

In the educational field we have to push for sufficiently flexible curricula in the different types of schools so that the multifarious needs of the different types of children can be met. Possibly even more needful is a clearer assessment of our own work, the cases we can help and why. The relative lack of adequate facilities for therapy, both in-patient and out-patient, the staff difficulties met with in arranging evening sessions, all challenge us to see that our work is as efficient and human as possible. But most important of all is the need to meet the other workers in the field on the ground floor. We always welcome them to our conferences but seldom find time to go to theirs. In the fields of liaison, co-ordination, co-operation, the next major advances have to be made so that we can develop a really integrated pattern for the prevention of crime.

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# RÔLE THEORY AND THE TREATMENT OF THE ANTI-SOCIAL ACTING-OUT DISORDERS<sup>1</sup>

By SEYMOUR PARKER (PHILADELPHIA)

This paper attempts to describe and analyse some of the processes involved in the treatment of the 'acting-out' disorders among people with anti-social histories. The data for this discussion were gathered by the author during a nine-month period of observation at the Social Rehabilitation Unit, Belmont Hospital.<sup>2</sup>

Considerable confusion exists concerning the types of cases designated under the heading of 'acting-out disorders'. At times this category refers to patients whose pathology consists of acting-out their conflicts on society, rather than experiencing the guilt and anxiety associated with inner conflict, as in the typical neurotic. They are usually referred to as psychopathic personalities. In addition, the term 'acting-out disorders' is sometimes used to designate cases that manifest a history of repeated anti-social behaviour. This is a sociological usage, however, and does not refer to any clear-cut psychiatric entity. Anti-social behaviour (as defined legally or sociologically) may result from diverse psychopathological conditions, or, indeed, may not be related to psychopathology at all. The confusion of medical and social criteria in classifying the acting-out disorders has caused some members of the psychiatric profession to doubt the usefulness of the diagnostic category of 'psychopathic personality' (11). Other observers have tried to clarify the confusion by distinguishing various psychodynamic entities which fall under this heading. One such recent attempt has been made by S. Kirson Weinberg (22) who points to a number of different personality types, including the true psychopaths, the over-indulged personalities, neurotics, and cultural deviants. The last-named group consists of sociopaths whose behaviour is attributed to conditioning in an anti-social sub-culture rather than to any disorder of the psychic process. Following Weinberg, those cases designated in this paper as acting-out disorders have in common the manifestation of aggressive anti-social behaviour of some variety. Psychodynamically (as noted above), they are heterogeneous. Although it is still an open question as to whether or not most of these people are sick in the traditional medical sense of the

<sup>1</sup> This research is part of a larger study of the Social Rehabilitation Unit, Belmont Hospital, Sutton, Surrey, under the direction of Dr. Maxwell Jones. The study is directed by Dr. Robert Rapoport, and financed by the Nuffield Foundation.

<sup>2</sup> The institution will be referred to simply as the Unit in the remainder of this paper.

term, the psychiatric profession is increasingly assuming responsibility for them. As the emphasis, in dealing with this group, shifts from punishment to social rehabilitation it becomes important to understand the factors underlying their deviant social rôle performances. Furthermore, methods for their social rehabilitation need to be explored.

Although many of the therapeutic innovations at the Unit were evolved in the attempt to treat aggressive anti-social types, by no means all of the patients are of this sort. At present slightly less than 20 per cent. of the patients come directly from the courts, another 20 per cent. have had some previous prison record, and a larger group have engaged in anti-social behaviour without ever coming into direct conflict with the legal authorities. Their behaviour includes physical violence, stealing, sexual offences, and a persistent refusal to accept responsibilities and obligations toward members of their families and other people.

Although this group can be characterized by different nosological categories, a high percentage seem to be deficient in the capacity to take the rôle of the other person (5, 13).<sup>3</sup> This capacity has been referred to by Cottrell and Dymond as 'empathetic ability' and defined as the capacity of the individual to 'place himself in the psychological shoes of the other' (6). Some important consequences flow from this deficiency. Such an individual is unable to view situations from perspectives other than his own. Thus it is difficult for him fully to comprehend the implications of his social behaviour and its consequences for others. The inability to take symbolic rôles prevents him from adequately predicting the responses of other people. He finds it difficult to anticipate (or appreciate) how others respond to him because he cannot take into consideration their attitudes and viewpoints. Norman Cameron, in a discussion of behaviour disorders, makes the following observations: 'The more effectively he is able to allow the attitudes and responses of others, which he predicts in symbolic rôle-taking, to influence his own reactions, the more competent he ought to be in social situations. He need not do exactly what others do, or even what they wish, but whatever he does should bear some functional relationship to the ways they may be expected to react' (4). We can adapt our behaviour to the requirements of a social situation only in so far as we view the various factors, including our own behaviour, from the perspectives of the others in that situation. This accounts for the social maladjustment of these patients and their ineffectiveness in their human relations.

Secondly, the individual deficient in the rôle-taking capacity cannot communicate with others in the full sense of the word. To engage in complex

<sup>3</sup> For an exposition of rôle theory see C. Cooley (5) and George H. Mead (13).



social communication the communicator must be able, by symbolic gestures, to rouse in himself the same attitudes that are aroused in the individual with whom he is communicating. He then reacts to his own verbal or non-verbal gestures. Since this type of patient has difficulty in empathizing with others, he cannot do this effectively. He fails to derive the full meaning of verbal interaction because he is unable to share completely with others the subtleties of the cognitive and affective aspects of their attitudes. In light of this it is understandable that the person with a severely impaired capacity for taking the rôle of the other is often able to verbalize the ethics applicable to a given situation, with but little feeling for their urgency. It is almost as if words have lost their full richness and complexity and have been reduced to pale affectless meanings. This partly explains the notorious ineffectiveness of moral exhortations with these individuals.

The third consequence of the rôle-taking deficiency is a relative inability to be self-critical. To evaluate or criticize the self necessitates the capacity to view one's own behaviour from different perspectives, *i.e.* to respond to oneself as a social object in the situation. In this way the individual can judge his behaviour in the same manner as others evaluate it. To be self-critical or self-conscious 'refers to the ability to call out in ourselves a set of definite responses which belong to the others of the group' (14). In fact, it is doubtful if these patients have more than a hazy and rudimentary concept of self since this term may be defined as an incorporation and organization of the appraisals of oneself, derived from interaction with significant others. The full development of the self, according to Mead, requires not only an organization of the various attitudes of significant others, but of the social attitudes and norms of the group to which one belongs. It is the link between the individual and his community. This type of development almost inevitably leads to the feeling that society (and its representatives) is arbitrary and unjust when it interferes with immediate wish gratifications. It is not possible to have any abstract concept of justice, since this assumes an ability to balance and weigh the various perspectives (one's own being only one among many) pertinent to a situation. An excellent description of this aspect of the acting-out disorders is found in an article by Harrison Gough. This observer states that 'when confronted with disapproval, the psychopath often expresses surprise and resentment. He cannot understand the reasons for the observer's objection and deprivation because this involves an evaluation of his behaviour from the standpoint of the other—or society. He will violate others' wishes and desires because he does not conceive of his own actions as inimical to their wants' (7). Although Gough deals with the rôle-taking difficulties of the true psychopath, both the description of the

behaviour and the dynamics involved apply, I feel, to the wider category of acting-out disorders. The rôle-taking capacity of the psychopath may be more severely restricted than that of many of the patients in this category, but this deficiency underlies the problem of the entire group. The assumption that there are psychodynamic similarities (*i.e.* an inadequate rôle-taking capacity) between true psychopaths and the wider category of acting-out disorders is based on both personal observation of these groups and the evidence of an empirical study. Gough and Peterson were able to devise an instrument based on rôle-taking theory that could reliably predict criminal behaviour (8). The instrument tested (and validated) the idea that a criminal population would be characterized by greater rôle-taking difficulties than a non-criminal group. The authors distinguish between the social maladjustment of the criminal group and the underlying psychodynamic syndrome that characterized a high percentage of its members. The essential diagnostic feature of the acting-out disorders 'is not social maladjustment, friction, or delinquency, as is so often assumed, but rather a deficiency in rôle-taking capacity which is peculiarly liable to manifestation in social interaction' (8).

With this brief description, we are now prepared to discuss some of the treatment problems with these patients. The Belmont Social Rehabilitation Unit has been in operation for eight years under the direction of Dr. Maxwell Jones. For the past few years there has been an increasing tendency to accept patients who are of an aggressive anti-social type. The therapeutic ideology and procedures have become progressively adapted to the treatment needs of the acting-out behaviour disorders. Our discussion above indicates some of the serious problems that arise in dealing with these people. Given such a personality defect, it is almost inevitable that they act-out on both the staff and other patients. To enforce the usual disciplinary rules that exist in most mental hospitals would not only be futile, but harmful for these patients. Their deficiency in rôle-taking capacity and inability to view their behaviour from the perspective of the other leads them to regard all restrictions or punishment as unjust and arouses feelings of resentment, which in turn lead to further acting-out. This is exactly the vicious circle in which they were involved on the outside — anti-social behaviour, punishment, resentment, anti-social behaviour, etc. Prison authorities are painfully aware of the inability of the prison and Borstal régime to aid in reforming or even deterring many of these people from continuing their acting-out against society. In fact, the punitive disciplinary measures in these institutions probably serve to aggravate the problem. At the same time, the very nature of the disorder demands the



existence of discipline if the Unit is to continue with its therapeutic function. Thus, one of the essential problems facing the staff is to seek new methods of hospital administration and therapy whereby discipline can be effectively enforced in a non-punitive (and therapeutic) environment.

Although it is beyond the scope of this paper to discuss the development of the 'therapeutic community approach', it would be appropriate, at this point, to mention briefly some of the work that has been done along these lines. One of the pioneering attempts to create a therapeutic *milieu* where delinquent children could act-out their problems was directed by A. Aichhorn (1) in Vienna. The children were permitted to engage in anti-social behaviour without the fear of punishment. However, their behaviour, the situation in which it occurred, and the emotions it aroused, were immediately dealt with in context. This type of 'situational treatment' was continued and refined in the United States by S. R. Slavson (21), B. Bettelheim (2), and F. Redl and D. Weinman (18). In England, some of the contributors to this approach have been J. Bierer (3), T. F. Main (12), M. Jones (9), and T. P. Rees (19). All of these men have been concerned with creating a therapeutic environment in the mental hospital where treatment can continue during the entire day rather than being confined to the brief period in the psychiatrist's office.

Previous publications contain descriptions of the therapeutic ideology and procedures of the Unit (9, 10, 17, 20). It will, therefore, suffice here to present some of the features that seem most pertinent to our discussion. Two fundamental aspects that underlie treatment in the Unit are :

(a) The existence of a *community environment* where problems can be acted-out in a relatively *permissive and accepting social milieu*.

In a formal sense the Unit is no more of a community than any other hospital. It carries out the same tasks and fulfils much the same functions as other institutions of this sort. However, its uniqueness consists of the manner in which the various staff and patient rôles are performed. Staff members are addressed by their Christian names, wear no uniforms, and do not assume many of the authority attributes of the usual doctor and nurse rôles. Patients take an active part in determining some aspects of internal administrative policy and share many of the therapeutic functions with the medical staff. Difficulties that arise out of the social life of the Unit are discussed each day by the community as a whole. All individual problems are considered, at the same time, as problems for the entire community and are treated accordingly. Thus, if somebody 'acts-out' in the ward at night, he disturbs other patients in various ways, the night nurse probably becomes anxious, and the relations between the Unit and the hospital administration may be upset (depending on the nature of the disturbance). The decision to discharge a

patient to a mental hospital is rarely taken without asking for opinions of other patients concerning his behaviour in the ward (and other informal situations). To remove a patient at a particular time may upset the social equilibrium in his ward or in his small informal clique. Staff members feel that on some occasions patients have proved to have more insight than the staff as to whether or not an individual can benefit from further treatment in the Unit. When someone smashes a window, it is dealt with not only as that individual's problem, but as the failure of the community to enable him to canalize his aggressions in a more constructive direction.

What we have been trying to show, by these examples, is that a community feeling is fostered by a sharing of problems and an assumption of responsibility by the group (patients as well as staff) for the well-being of its members and the continued functioning of the institution. The removal of the rigid dichotomies between staff and patient rôles and of many authority attributes of the staff positions also augments the sense of 'we-ness'.

Before leaving this aspect of the Unit's functioning we would like to clarify further what is meant by saying 'problems can be acted-out in a relatively permissive and accepting social *milieu*'. This in no way implies that patients can do what they like and that no sanctions will be applied by the community to enforce the discipline so necessary for the existence of the institution and the well-being of others. Although no direct repressive measures are adopted when an individual acts-out, it has been observed that the Unit's method of dealing with the individual is sometimes more difficult for him to take than the authoritarian retaliatory measures he has been exposed to (and has grown to expect) in the past. He is asked to discuss his problems with his fellow-patients and the staff members in the community meetings or one of the other groups (ward groups, work groups, doctors' groups) that meet during the day. Here, the social ramifications and effects of the behaviour are made clear to him. Both contemporaneous disturbances in social relationships and historical influences are examined. Opinions and suggestions are expressed concerning how best to help the patient to overcome or cope with his aggressive feelings. Sometimes, of course, a segment of the community (or even the patient body as a whole) does become punitive. In spite of this, a spirit of understanding and willingness to help usually pervades the atmosphere. The security associated with feeling part of a therapeutic community often enables patients (otherwise intolerant and very punitive) to be more tolerant and understanding than they ordinarily would be. The permissive atmosphere allows for an evaluation of rôle performance and the testing out of new rôles.

(b) *The operation of a communications system that will ensure sufficient*



'feed back' to the various groups of all events having significance for individual patients and the life of the community as a whole.

Since all of the rôle-playing activities of the patients are material for therapy and the community members as a whole share (in varying degrees) the therapeutic function, it is crucial that the structure of the institution allows for the maximum communication. We saw that the existence of a permissive atmosphere and a sense of community permitted patients to communicate in a freer fashion. However, aside from these factors there are a number of structural aspects of the Unit social life that facilitate communication. Since patients are encouraged to take an active part in therapy, problems that occur during the day are constantly being fed into one of the group meetings. In addition, the nursing staff, who are with the patients most of the day, feed back, to these meetings, what they consider to be significant events. There is a strong values system in the Unit that makes it wrong (*i.e.* anti-therapeutic) to take any information from another patient in confidence. In fact, an individual who has difficulty in communicating to the group will often communicate in private in the hope that his problem will be raised and discussed in the group. Both the daily staff meetings and the community meetings are often spent discussing the current blocks to free communication. Here, the problems of the functioning of the Unit as a social system and therapy for particular individuals become intertwined. Neither process can continue efficiently without unfettered communication.

Genuine communication is related to the ability to take the rôle of the other. Thus we have an anomalous situation in which the therapeutic functioning of the community rests on unfettered communication, while the predominant problem of the community members is their difficulty in communicating. We are faced with the problem of understanding how the social experiences at the Unit permit the growth of the rôle-taking capacity. On this depends both the proper functioning of the social system and therapeutic progress.

With this general orientation we are prepared to examine some of the situations which foster the growth of the rôle-taking capacity. The examples presented below demonstrate a few types of recurring situations, rather than analyse the dynamics of specific cases. Also, there is no implication that these situations were *alone* effective in producing the therapeutic results. The various events that occur in the Unit take on meaning for individuals only in so far as they are imbedded in the total matrix of the medico-social life of the community, with its intensive patterns of interaction and mutual help. It is only for purposes of exposition that we have isolated these situations from the total therapeutic process.

*Situation A:* The patient himself is put into the rôle of victim by others toward whom he has some positive cathexis.

Since the Unit contains many aggressive individuals in an environment where authoritarian and punitive measures are at a minimum, it is not unusual for patients to find themselves the victims of violent or predatory behaviour. The fact that patients who are habitually aggressively anti-social are put into the rôle of victims would not in itself aid rôle-taking capacity. Most of these people have histories of being victims of aggression—partly real and partly phantasied. It has merely served to justify their increased hostility and aggressive behaviour. We shall attempt to show in this case how the growth of rôle-taking capacity takes place in a situation where the aggressive patient himself becomes the victim of aggression.

Marvin M., a man of about twenty-five, was diagnosed as a psychopath with a long history of anti-social behaviour. He was referred to the Unit from the courts after being convicted of stealing from his employer. On previous occasions he had been guilty of stealing and violent assault. He was unemployed during most of the year and showed little inclination to provide for his wife and child. During the first few months of his stay in the Unit, Marvin reproduced many of his outside symptoms—he identified the staff with oppressive authority figures, he frequently missed occupation, was generally unco-operative in sharing chores with his wardmates, and was involved in numerous violent arguments. This disruptive behaviour was discussed at the meetings of the various groups. Both the staff and patients pointed out to him that his behaviour disturbed members of the community as it had disturbed others outside. Over a period of time his rationalizations (*e.g.* the wicked staff, 'nobody gives a damn for anybody else', etc.) were broken down by the constant pressure of the entire community. The mounting community pressure became increasingly difficult for him to bear and on more than one occasion he was on the verge of leaving. After about four months Marvin established some close relationships in his ward and exhibited considerable positive transference towards his doctor. As he began to consider himself one of the 'old timers' he became more active in helping new patients with their adjustment difficulties. These constructive efforts were given recognition when the community elected him treasurer of the Entertainments Committee and Distress Fund. He was extremely gratified by the trust that the community placed in him and carried out his job with diligence. Slowly his behaviour began to change for the better.

One day Marvin returned to the ward to find that his locker had been prised open and his money stolen. This included the money entrusted to him by the community as well as personal funds that he had laboriously saved



from his small allowances each month. It was obvious that one or more members of the ward were responsible for the robbery and were acting-out against Marvin and the community. In the doctor's group Marvin spoke about how hurt he was by the fact that his faith and trust in his wardmates was betrayed. By now he had established a number of positive relationships there. He felt responsible for the loss of Unit money and was furious at being deprived of his meagre personal funds. His doctor's group discussed Marvin's anger and pointed out to him that the person who had stolen the money did so because he was ill. This was similar to the behaviour that Marvin had exhibited on a number of occasions before coming to the Unit and during his stay there. In subsequent sessions Marvin expressed his growing realization that he had refused to face and accept the responsibility for his acts in the past, nor did he ever fully realize how he had affected others. He spoke increasingly about his failure to fulfil his obligations toward his wife and child. It became very apparent that there were many problems in his marital relationship. With the advice and consent of the members of his group it was decided that Marvin's wife should be asked to come into the Unit where their relationship could be treated more adequately. After visiting the institution and discussing the problem with her husband, his doctor, and the patient members of the community, she decided to live in the Unit as a patient. For the remainder of their stay both husband and wife attempted to discuss their mutual problems, obligations, and responsibilities. It became clearer to Marvin (for the first time) how he had failed in his rôle as a husband and father and how his behaviour in the past affected both members of his family and society in general.

It is obvious, even from this very cursory account, that the experiences responsible for the changes in Marvin's behaviour were manifold and complex. However, it seems very likely that his victimization by a member of the community with which he was identified enabled him to realize more fully how the victims of his behaviour felt. Here was no play-acting at taking the rôle of the victim—Marvin learned to take the rôle of a victim by becoming one himself.

*Situation B:* The patient is part of a group toward which he has positive cathexis, and in which some of the members have been victimized by individuals having similar problems to his own.

In this type of situation the patient is part of a group (*i.e.* doctor's group, occupation group, etc.) in which some members are subjected to the effects of anti-social behaviour similar to that manifested by the patient himself on other occasions. The fact that he frequently interacts with others (many

of whom he is friendly with) who are experiencing the ill-effects of such predatory behaviour enables the patient to view his own behaviour from other perspectives and to learn to take the rôle of the victim. He can empathize with the recipients of this acting-out only in so far as he has been able to make some positive identification with the Unit as a whole or with individual members. By taking the rôle of the victim he begins to make negative evaluations of the anti-social conduct.

The case of Fred W. illustrated this situation quite well. A short time after his admission to the Unit Fred seduced one of the female patients, who subsequently thought she was pregnant. When this was discussed in the doctor's group Fred admitted quite readily that he had seduced many girls in the past and felt no shame or remorse. Nor did he feel that he had any obligation toward them. His usual pattern was to establish a relationship with a woman, and as soon as he had made the 'conquest' he would just disappear. He saw no reason why he should discontinue this pattern and announced that, since it provided him with enjoyment, he would take advantage of any future opportunities that presented themselves. He spoke in an affectless manner about the fact that as soon as he seduced a girl he lost all further interest in her. It soon became apparent that this extremely egocentric and narcissistic way of relating to others extended beyond the sexual sphere and pervaded most of his relationships.

During Fred's stay in the Unit two situations arose that enabled him to re-examine his own behaviour and ideas concerning his responsibilities towards others. A few weeks after his admission Fred formed a close relationship with a sexually promiscuous female patient. In time the two people became very fond of each other and plans for marriage were discussed. Since the girl's former activities were known to most of the other patients, some of the men tried to seduce her. Fred was furious about this because, he explained, the others did not really care for his girl and merely wanted her for sexual purposes. He was particularly disturbed because the community discussions made it apparent that the girl's sexual behaviour had a high pathological component and had led to a suicidal attempt in the past. The sexual motivations of the male patients also led to considerable discussion. As a secondary effect of these seduction attempts some of the other female patients in the Unit became very anxious and upset. Thus, the situation was one about which the entire community was very concerned. Members of Fred's doctor's group pointed out that this was very similar to his behaviour in the past. He was able to see the similarity, and in subsequent sessions began to face the possibility that his own behaviour, which had hurt others, was pathologically motivated. His need to be a Don Juan was probed



and discussed by members of the group. While these events were being enacted, another situation arose that similarly influenced Fred. A female patient in Fred's group became pregnant and the man involved refused to have anything more to do with her. During the period of the group's attempt to help the girl with her great difficulties he had a chance to learn how detrimentally she was affected by the behaviour of her irresponsible boy-friend. Her pregnancy increased her hostility toward men and disturbed her relationships with fellow-patients and members of her family.

Partly as a result of these experiences Fred acquired some insight into the interpersonal consequences of his behaviour. He learned to take the rôle of his victims by being in close community association with victims of behaviour similar to his own. In the past he had invariably run away from the people he hurt and refused to face the situations he created. In the Unit he was in daily contact with the victims, witnessed the various unfortunate results, came to understand the motivation of the people involved, and was part of a community that attempted to help the individuals concerned and prevent the recurrence of similar situations.

*Situation C:* The patient is confronted with the consequences of his behaviour by his victims and by the community as a whole.

In this situation the anti-social individual is constantly confronted with the disturbing effects of his behaviour on others. Not only the victims themselves take part in this confrontation, but also members of the staff and patient community. If there is any positive feeling at all toward the community it is extremely difficult for the patient to resist this pressure for any length of time. Being continuously (as long as his aggressive behaviour continues) 'spot-lighted' by his victims and community opinion, and made aware of how others feel about him, the patient learns to take the rôle of those he aggresses against. As mentioned previously, being confronted by pressures from the victims and/or the community as a whole does not necessarily imply repressive and punitive pressures. In fact, the aggressor is often treated with just as much sympathy and understanding as his victims.

Alvin W. came to the Unit because of his frequent aggressive and violent behaviour. Among his peer group he was reputed to be a 'tough' with an uncontrollable temper. In spite of this Alvin had many friends and felt that he was both liked and respected by most of them. He was at a loss to understand why, in spite of the fact that he was 'nice and considerate to people', they frequently took advantage of him. Notwithstanding his violent behaviour, Alvin regarded himself as a kind person who had to resort to physical force because of other people's aggression. In his ward, Alvin made

determined efforts to establish good relations with his fellow-patients and, ostensibly, was liked by most of them. He gradually acquired a leadership position among some of the patients in his ward. In the various group meetings Alvin usually sided with the staff on most issues and was active in 'treating' other patients. He seemed to be trying very hard (and to some extent succeeding) to be what he considered a model patient. It was important to be liked by the other patients because it 'proved' to him that most of his difficulties on the outside were not really his fault.

One morning at a meeting of the community the staff and patients were discussing the reasons why so many patients were silent about their problems. Although the social life in the Unit was generating (as usual) many difficulties, these were not being verbalized as freely as they had been in the past. Suddenly, a rather passive patient blurted out that individuals like Alvin and some other aggressive patients frightened him to such an extent that he could not talk about the things that bothered him. This statement opened up a long and heated discussion, during which it emerged that many of the patients in Alvin's ward felt that he was part of a clique of aggressive 'toughs' who were threatening and raising the anxieties of other patients. Many others agreed that Alvin and his gang were dangerous and maintained their position in the ward because it was feared to complain about their activities. This impassioned outburst left Alvin crestfallen. After a long silence he told the group (with obvious emotion) that he never fully realized that people regarded him as frightening and dangerous—he had no idea that his fellow-wardmates whom he liked (and he thought liked him) felt this way about him. One of the immediate effects of these discussions was to weaken Alvin's relationship with some of the members of the anti-social clique in the ward. Although there seemed to be some desirable changes in Alvin's behaviour, external pressures made him leave the Unit about a month and a half later.

It might be well to place these situations back into their setting by briefly recapitulating some of the outstanding aspects of the therapeutic community. An attempt is made to create a sense of community among patients and staff by reducing, as far as possible, the rôle distinctions and disparities between the medical and patient members by giving patients more responsibility (and obligations) for both the therapeutic and the administrative functions. This is augmented by the fact that the discipline necessary to enforce the norms of the social life of the community is derived from both staff members and patients instead of being imposed on the situation by the former. Since therapy in the Unit consists mainly in treating the rôle-taking difficulties of the patient, all the relationships that he sustains in the com-



munity become pertinent. To do this effectively a communication system exists that allows for the fullest reporting of the patient's activities and interaction to the various groups that meet daily.

The dynamics of the situations presented above bear some resemblance to Moreno's ideas concerning the therapeutic results of psychodrama as a method of treatment. Both forms of treatment are concerned with the growth of the patient's rôle-taking ability. In spite of this, the medical staff at the Unit have not found psychodrama to be very effective with the type of patient described here. It was devised as a means of providing the neurotic patient with a situation that would allow him the maximum spontaneity and freedom in taking the rôle of the other. In this situation he can play many other rôles without rousing in himself the guilt and anxiety he would feel if he took these rôles in 'real life'. Thus, the neurotic's inhibitions are minimized by removing fear-provoking aspects (for him) of social reality. In this altered situation he can test new insights and play new rôles (or play familiar rôles differently).

For the anti-social patient with an acting-out disorder, the problem is, in some ways, different. What he lacks is not so much a sufficiently large rôle repertoire as the capacity to take the rôle of, or empathize with, the other. Basically, his rôle-taking problem is not caused by an inability to be spontaneous (although this may also be present). Since this type of patient cannot adequately take the rôle of the other, it is the want of an intrusion of social reality and social sensitivity that lies at the core of his difficulties. Whereas the neurotic is often socially over-sensitive, the acting-out personality has too little sensitivity. This psychodynamic difference between these disorders has therapeutic implications. For the neurotic the emphasis should be on creating a temporary situation in which reality<sup>4</sup> (with its anxiety-provoking aspects) is kept to a minimum. In this way he can overcome the inhibitory forces that interfere with his rôle-taking ability. For the person with the acting-out disorder, on the other hand, it is crucial to create a situation where many aspects of social reality constantly intrude at every point in the treatment. Only in this way can he overcome the failure of social reality to make a sufficient impact on his social relationships. However, as we have seen, he can only learn in a socially 'real' situation that lacks the punitive aspects of life in ordinary society. Essentially, this is the environment that the therapeutic community attempts to create. Here the patient not only 'plays' at being the victim, aggressor, lover, leader, etc., he actually takes these rôles (without fearing the punitive and, to him, arbitrary pressures that

<sup>4</sup> 'Reality' is used here as being synonymous with social life as it exists on the outside.

he experiences on the outside) and actually experiences the pressures that arise from his behaviour in this modified new environment. Thus, it is possible to regard social life in the Unit as a modified form of social reality (or modified form of psychodrama) that is adapted to the needs of treating the acting-out disorders.

In order to have a clearer view of what is involved in the growth of the rôle-taking capacity, I would like to refer briefly to Piaget's work on 'The Moral Judgment of the Child' (16). Piaget found, in his studies of the development of the child's concept of the rules of the game, that he passes through three stages, autism, absolutism and reciprocity. In the first stage the very young child is concerned only with the satisfaction of immediate needs. He takes no account of others' needs or wishes, nor is he capable of delaying satisfaction or using indirect means to obtain it. At this stage 'the child's relationship to people . . . is one in which persons are like objects in that they are perceived as opportunities or obstacles to derive relief' (15a). At the next stage of 'absolutism', the child begins to take his external environment into consideration in his concern to satisfy his needs. Experience has shown him that in order to accomplish his ends he must reckon with the reactions of both his physical and his social environments. He learns that when he engages in a certain type of behaviour, mother's reaction is thus and so. This is true for all of his significant others. When his predictions of their reactions (in the limited situations with which he is concerned) become dependable, he then finds it safe to attempt to satisfy his needs in an indirect fashion. However, there is a peculiar quality to his 'taking others into consideration'. It is this quality that makes his behaviour very similar to that of the type of patient with whom we have been concerned in this paper. Piaget finds that the child (at this stage) realizes the need to observe the rules of the game, but has little understanding of the rationale for these rules. In the same way he knows that mother kisses him or beats him if he does thus and so, but cannot comprehend the reasons for her actions. Both the rules of the game and the rules governing human behaviour are accepted absolutely—as either good or evil, or punishing or satisfying. Both the child at this developmental stage and the aggressive anti-social character encountered at the Unit are aware that the violation of rules brings certain results, but they cannot take the rôle of the other individual (or community) sufficiently (*i.e.* empathize with the individual or group) to comprehend the motivational factors that produced this result. Of course, the child who grows up in a normally secure family is not outraged by the 'arbitrariness' of the behaviour of his significant others since they provide him with sufficient satisfactions. However, this is not true of the adult anti-social character with



rôle-taking deficiencies. He views all the discipline inherent in social life as being arbitrary, unjust and authoritarian. This type of patient, as the young child, tends to view all authority figures as absolutely bad or good—in his case, usually bad. However, the important point in both is the absolute quality of their perceptions of people and social norms.

The third stage—reciprocity—involves the recognition that different (and legitimate) perspectives do exist and that social activity involves the resultant of the interplay of these different perspectives. The child has now learned to play the game—to incorporate the perspective of the other in making his own decisions. This enables him to anticipate and predict the behaviour of other people. Mother is no longer someone who arbitrarily punishes on certain occasions. The ability to take the rôle of mother enables the child to understand that mother gets upset when his activities disturb her relations with the neighbours. Between the action of the individual and the reaction of the other there now exists the intervening variable of comprehending the motivation of the other. The achievements of this developmental stage are put forth in Newcomb's discussion of Piaget's findings: 'The final result is such that the individual includes in his social motive patterns the perception of others as persons who have points of view and motives of their own. His motivation in a social situation thus becomes one of reciprocity, defined as a perceived relationship between himself and others who have perspectives of their own' (15b). This sums up very well the final stage of treatment in the Unit to the extent that it is successful. The stages of absolutism and reciprocity, as outlined by Piaget, seem analogous to the progressive stages of treatment of the acting-out disorders.

Many of the treatment goals of the Unit have been implicit in the discussion so far. They are related to both the ideology of the staff members and to the actual functioning of the community. The therapeutic aims are :

1. To increase the patient's rôle-taking capacity so that he will be able to view things not only from the perspectives of other individuals, but also from the perspective of the group.
2. To enable the patient to link and utilize his social skills and capacities to the tasks and goals of the group.
3. To enable the patient to derive satisfaction from taking part in the shared activities of the group.
4. To enable the patient to examine the effects of his behaviour on other individuals and its implications for the functioning of the community.

Up to the present there has been no systematic and methodologically rigorous attempt to evaluate treatment and to see to what extent these goals are being attained. The impressions of the staff members are for the most

part optimistic. It is hoped that the research being carried out in the Unit at present will make some contribution towards answering this question.

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# THE USE OF CORRECTIONAL INSTITUTIONS AS SELF-STUDY COMMUNITIES IN SOCIAL RESEARCH<sup>1</sup>

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Much has been said concerning the 'debt to society' owed by the apprehended criminal or delinquent. Although quick to claim a debt, our existing economic system maintains that it cannot handle the competition resulting from productive efforts by prison and other confined populations. Our professional resolution of this dilemma has been to assume that the greatest contribution an offender can make to his culture is to prepare himself while confined for productive achievements upon release.

We want to propose another possible resolution. Why not allow our incarcerated to contribute to our culture as participating observers, workers, and subjects in social experimentation? At a recent small group conference, sponsored by the Social Science Research Council, major attention was given to the type of 'lab' necessary to study man as a social being. It was generally agreed that the 'Wundtian Lab' equivalent, such as the university classroom for the study of college sophomores, is not sufficient; that the need is for realistic culture groups, where control can be exercised, allowing for experimentation rather than mere anthropological observation. The leasing by Cornell University of a Peruvian hacienda, on which the primitive natives become subjects of the lessee, was used as an example of a 'field-lab' which allowed the study of cultural development in a very natural setting in which control could be invoked. While the present opportunities for productive social science study through military organizations are impressive, we were intrigued by the number of potential 'field-labs' provided by our correctional institutions.

Although we argue about the specifics of the Freudian theory and data, perhaps Freud's major contribution was not theoretical but methodological. If man could discover much about himself as an individual personality by

<sup>1</sup> Although based upon research currently sponsored by the Neuropsychiatric Branch, BuMed, Corrective Services Branch, BuPers, ONR Group Psychology Branch, under ONR contract Nonr 1535-(00) with the Family Relations Center, San Francisco, California, the opinions expressed are those of the author. They are not to be construed as reflecting the views or endorsement of the Department of the Navy.

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having a relatively objective clinical scientist help him study himself for therapeutic reasons, why shouldn't scientific participating observers be able to help man understand his group behaviour?

Our correctional institutions are a direct expression of our culture. Who is seen as a nonconformist and how we handle nonconformity are not absolute problems but problems relative to our culture group. Obviously, the 'who-is-a-nonconformist' and 'how-should-the-nonconformist-be-handled' are different questions today than they were during our culture's witchcraft era. If we are going to study man as a social being (and it is apparent that more of our culture's time, energy and money is to be invested in such an endeavour), we should not be looking for the ten basic truths of administrative organization or the seven basic truths of correction. Instead, to foster our culture's growth and development, we need a continuing investigation, through group self-inquiry, of our social processes. A concept like a parole-success prediction index needs to be viewed not as a measure of an absolute personality factor which will determine probation success, but as a set of personal and cultural factors whose weightings will gradually shift with changes in the culture and its correctional institutions. The research task is not to produce the instrument which will predict probation success, but rather to keep in tune with the variation in the institution's climate and the cultural demands so as to achieve the maximum ability to predict parole success for any given interval of time.

Recently attention has been paid to the use of the small group concept in the study of the prison community (8). We wish to emphasize not only the use of the prison community for study of group problems, but also the participating social scientist as a facet of the prison community being studied. We see this as a very important methodological contribution. In this sense, our social scientist comes close to taking the rôle of a 'culture therapist'. An individual therapist operates as a clarifying agent for the individual in his quest for self-understanding. The social scientist becomes a clarifying participating agent in the culture's efforts at self-understanding. Just as the therapeutic methods and procedures are not completely objective and efficient, so our scientific methods are not completely objective or logically consistent. Yet, as with our therapeutic procedures for the individual, the scientific method is the best culture-advancement procedure devised to date.

But how about all the resistances to such a change in our understanding of the rôle of correctional institutions? We wish to report an experiment which might throw some light on the problem. At the Retraining Command, Camp Elliott, San Diego, California, the Navy has established a research programme to study the nature of the military nonconformist and factors

effecting attitude changes in the nonconformist. Important as these questions are, they are still seen as secondary to what we refer to as 'The Camp Elliott Experiment'. The Camp Elliott Experiment, as separate from its specific research programme, is concerned with three questions : (i) Can a research operation be established as an integral part of a correctional institution? (ii) Can the research facet of the organization act as a clarifying agent in the institution's growth and development? and (iii) Can a research team be established which works with the administrative, technical and custodial staff, as well as the inmates, by fostering their communal self-study? The Camp Elliott Experiment has been in process for four years. Questions (i) and (ii) have been answered affirmatively (1, 2, 3, 4, 5, 6, 7, 9). Question (iii), the self-study aspect, is still open to question. Although much productive research has been achieved by a research staff which operates as an integral part of the Command, there still are many resistances to the communal self-study process. Let us consider the following six types of resistance :

(1) *Administrative*. Efforts have been made to maximize the communication between the Command's administrators and the research staff. The research staff is represented, through the medical department, at the administrative conference and on the boards dealing with clemency, administrative discharge, classification and assignment, and reclassification. An announced open meeting is held once a week, under the direction of the medical department, to discuss any phase of actual or prospective research. Over the last year and a half a staff development programme has been instituted. This programme consists of weekly meetings (one and a half hours' duration) of the entire Command staff. The first twenty minutes of each meeting are spent in the presentation of a topic to the entire group. Following the twenty minute presentation, the members break up into ten permanently assigned discussion groups. Each group consists of a cross-section of the entire Command staff : representatives of each department, each rank and each rate. There is a research representative in each group. The co-ordinator (group leader) of each discussion group is a senior non-commissioned officer who has displayed abilities in other group work at the Command. The research staff, while not directly sponsoring this staff development programme, is strongly supportive of it. At least a fifth of the discussion data are directly related to community self-inquiry and research. Questions for possible investigation are gathered through the staff development medium. In addition, the meeting serves as a sounding board for the community's reactions to specific proposals or adopted procedures.

Top administration has readily accepted the research unit as a part of the Command family. Its recommendations and research functions are sought



and encouraged. Once a given research programme is undertaken by the Command, the research staff is given full administrative support in the operation. In addition, the heads of administration also foster the interests and concerns of the other facets of the Command. Some middle administrators tend to become involved in sibling-like relationships with the research staff. Rather than perceiving the research aspect of the Command community as a source for its own self-study, there has been a tendency to see it as a power which is attempting to take over the functions of their departments. This has resulted in a competitive set of relationships rather than supportive relationships. In addition to, or as part of, this competitive element, resistance and hostility to the self-analysis process have often been expressed.

(2) *Custodial anxieties.* The above-mentioned means of communication have been utilized to keep in tune with the custodial concerns of the Command. Some fear has been expressed that the inmates are being 'spoiled' by their specific rôles in research activities and by the general attitude of self-inquiry being invoked throughout the Command. In addition, anxiety has been expressed that, through self-inquiry procedures, we are undermining the military character of the custodial staff itself. The custody staff admits, however, that many of the Command's most persistent trouble-makers have found productive billets in the research clerical and statistical office. However, the custodial staff *has* developed a self-inquiry procedure to aid in the handling of its maximum security problems. Three times a week, three professional members of the staff meet separately with three maximum security groups (which include all maximum security prisoners), for an hour and a half discussion. The custodial staff are included in these discussion groups. Once a week the maximum security custodial staff meet with the three professional staff members and a research representative for self-inquiry discussions concerning their maximum custody work.

(3) *Attitude of the institution's total staff.* Again, the above-mentioned communication media are utilized to foster as much total staff understanding and self-inquiry as possible. Support, ranging from individual therapy through regular group discussion programmes, is offered. A representative of the research staff meets weekly with the instructors who conduct a four-week group-therapy type orientation programme for all incoming prisoners. At the present time the majority of the total institutional staff tolerate research as a facet of the Command and actively resist getting involved in community self-inquiry. Recently, the title of the Staff Development Programme was changed to Inservice Training as a reaction against the self-inquiry atmosphere of staff development. At the same time, however, several of ship's company are actively involved in research of their own as well as

playing a strong rôle in the research-staff-directed investigations. Our research staff has found it very inspiring to have company supervisors worrying about the significance of shifts in the size of standard deviations, to see career-enlisted men systematically coding and checking their predictions of attitude change prior to measurement, running follow-up studies on attitude changes over various periods following orientation, and studying relationships between interpersonal maturity and the ability to predict one's own as well as others' sociometric status.

(4) *The capacity of the institutional staff to take part in community self-inquiry research.* Five corpsmen are available to the Command's research staff: these administer the equivalent of a one-hundred thousand dollar per year clerical and statistical office, which utilizes forty confined personnel. The corpsmen have shown tremendous capacity to handle research data with systematic checks for accuracy. The Chief in charge of this office, although he did not complete high school, knows and handles adequately many more statistical procedures than the majority of psychologists. The level of achievement obtained by lay personnel under these conditions has important implications. However, much more important than the quality of the specific studies undertaken is the power inherent in their systematic study approach to themselves in relation to their community.

(5) *Attitudes and abilities of the inmates.* The four-week orientation programme mentioned above is geared to foster self-inquiry. The four weeks are filled with such interpersonal insight-arousing techniques as placing, for each group, the names of the three prisoners with the lowest and the three with the highest interpersonal maturity scores together on the blackboard, and allowing a maximum amount of projection as to the meaning of the two columns and what each of the three names have in common. We find that the idea of being of service to science and paying one's debt to society through participating in research as subject, participating observer, clerical worker or statistical clerk can be extremely significant to the socially ostracized inmate. We give him a purpose and a mode of contribution. Obviously special techniques and procedures are required to operate effectively with such personnel, but the Camp Elliott Experiment has demonstrated that this can be done. This fact in itself warrants study. Prisoners *can* make a productive contribution to society. Some of our most immature personalities, with extremely high intellectual endowments, make outstanding contributions.

(6) *Professional and personal frame of reference.* Perhaps the greatest resistance to the use of correctional institutions for our culture's self-study is in ourselves as social scientists. We who are taking part in the Camp Elliott

Experiment have all, each in our own way, found it very difficult to keep in tune with the inmates, technicians, custodians, workers, professional staff and administrators as active participants in this community and at the same time to handle our more objective rôles as participating observers. Obviously there are reasons why all of us have become social scientists rather than inmates, custodians or administrators. Being 'scientists' has been a way of getting along with one's culture without having to get too close to it. This has worked very well for the physical scientists. Perhaps one of the things that is holding social science back is the reluctance of the social scientist to play the rôle demanded by this methodological procedure. Possibly there is a 'scientist syndrome', which calls for the ability to *analyse* patients or subjects, to *blame* administrators and to *look down on* technicians. Comfortable as this syndrome may make our personality economy, it may be a luxury our science cannot afford. Certainly as our culture puts more and more of its efforts into self-study, we want to utilize every methodology available. However, the Camp Elliott Experiment shows great promise for a methodology which calls for the scientists *not* playing the rôle of the expert who is applying already known answers. He cannot even play the rôle of the self-composed expert who is applying known procedures to obtain 'the absolute answers' which he is willing to admit are not known. The rôle proposed is that of group aider and clarifier (culture therapist) who, as a participating member, helps the culture become aware of its own processes of development.

It is not only possible, but probable, that a self-study correctional institution would prove to be 'a therapeutic community' both for the staff and inmates. We would not deny the importance of this. However, the present justification of such a programme, the scientific use the culture can make of its confined populations, has greater long-range significance. Here is an opportunity for the confined nonconformist truly to pay his debt to society while still confined.

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## COMMENTARY

BY MAXWELL S. JONES (LONDON)

Douglas Grant describes how their research social scientists have attempted to become an integral part of an on-going research programme at a U.S. Naval correctional institution designed to study the community of which they form a part, and get the active collaboration of the other personnel, both staff and prisoners. The very fact that such an attempt to understand and modify anti-social behaviour can be planned and executed with not only the sanction but the active participation of high officials in a military setting is of great interest. It implies considerable flexibility in a military organization which normally sets a premium on an authoritarian social structure but, for the purpose of understanding deviant social behaviour and changing social attitudes, sanctions an unusual social structure. This is done for the purposes of self-analysis and increased insights on the part of both staff and prisoners. In the process of getting absorbed into a community as active participants the social scientists are, in part at least, forced to assume leadership rôles and lose much of their theoretical objectivity. But many social anthropologists in particular have long since accepted that scientific objectivity is an illusion in any participant study of group dynamics, as their very presence creates a new set of circumstances and the group responds to their presence in individual ways just as the worker must react in some way to the personalities of the individuals being studied. Douglas Grant and his colleagues have accepted this situation and decided to use their impact on the social situation to develop a particular rôle which they designate as that of group aider or clarifier or 'culture therapist'. By becoming a participant

in the life of the correctional institution and relating to personnel at all levels in a co-ordinated system of group meetings and rôle playing activities they aimed at overcoming the communication blocks familiar in all hierarchical institutions; here authority and decision making are limited to a few key personnel and the rôles of the less senior personnel become increasingly more devoid of freedom for individual thought and action.

The relative democratization of the staff personnel by a system of easy inter-personal relationships and disappearance in large measure of status differences is familiar enough in many recorded experiments in the fields of industry, hospital administration, etc. What is less common is the active participation of not only staff members but in this case prisoners in the social research. We are told that 40 confined personnel (prisoners) are employed in the clerical and statistical office of the command's research staff. In addition there is a four-week orientation programme which is intended to foster self-inquiry among all incoming prisoners. This leads to the development of interest in social problems . . . 'and paying one's debt to society through participating in research as subject, participating observer, clerical worker or statistical clerk . . . '.

The introduction of a rôle for prisoners (or psychiatric patients) which involves active collaboration with trained staff personnel in an attempt to better social understanding and circumstances (or treatment) is the distinctive quality of a therapeutic community. The prisoners (or patients) now become actively involved in studies and tasks usually limited to trained personnel; and in the process renounce the more passive recipient rôle of the conventional prison (or hospital).

The dynamic processes described in Douglas Grant's paper can be found in varying degrees and forms in many institutions, both penal and psychiatric, in Europe and America. As examples of penal institutions perhaps the best known are Professor Baan's unit in Utrecht and Dr. Stürup's institution at Herstedvester and the hospital unit at Wormwood Scrubs. Examples in psychiatry would include Dr. Sivadon's work at Ville Everard, near Paris; the Social Rehabilitation Unit at Belmont Hospital, near London; and Boston Psychopathic Hospital. It is as yet too early to say how far these changes will better the management of social casualties (if at all) but at the very least they have stimulated people in the field to reconsider their attitudes in relation to the social organization of institutions and in particular highlighted the need to study the rôle of prisoner (or patient).

## RESEARCH AND METHODOLOGY

(Continued from Vol. VII, p. 253)

### CURRENT RESEARCH. LI. VARIATIONS IN THE USE OF PRISON SENTENCES BY MAGISTRATES' COURTS IN ENGLAND AND WALES.

(1) *Name of University Department, Hospital or other Institution or private person supplying the information* : Dr. H. Mannheim, Hon. Director, Criminological Research Unit, London School of Economics and Political Science (University of London).

(2) *Subject of Research* : The variations in the use of prison sentences by Magistrates' Courts in England and Wales in cases of male offenders aged 21 years and over and possible explanations of such variations.

(3) *Under whose auspices is the research being carried out?* The Home Office and the Nuffield Foundation, London, with facilities provided by the Home Office and the London School of Economics under the supervision of Dr. H. Mannheim. *Research assistant and field worker* : Mr. G. P. McNeal, B.Sc. (Soc.).

(4) *Commenced* : September, 1956. Completion expected towards the end of 1958.

(5) *Publication* : Article in 'The Magistrate', January, 1957, p. 7.

### CURRENT RESEARCH. LII. THE USE OF SHORT PRISON SENTENCES BY MAGISTRATES' COURTS IN ENGLAND AND WALES.

(1) Dr. H. Mannheim.

(2) An examination of a sample of male prisoners aged 21 years or over sentenced to imprisonment of six months or less by Magistrates' Courts.

(3) The Home Office and the Nuffield Foundation, London, with facilities provided by the Home Office and the London School of Economics. The research is carried out by Dr. H. Mannheim and Dr. R. G. Andry, Ph.D., Senior Research Officer (part-time), London School of Economics.

(4) Commenced December, 1956. Completion expected towards the end of 1958 or early in 1959.

(5) Nothing so far published.

## FOLLOW UP AND/OR PREDICTION?

When the Gluecks produced their first large-scale follow-up study in 1930 they added a chapter on prediction, but their main purpose was to assess the results of reformatory training and to ascertain those factors in the careers of offenders which appeared to be most significant in terms of their future success. In the recent Mannheim and Wilkins Report <sup>1</sup> (which, despite criticisms below, I regard as a brilliant piece of work and one of the most important published for many years) a number of tables of the type first presented by the Gluecks are given, with many warnings regarding their limited utility, as 'background data' in a study entirely

<sup>1</sup> See *Brit. J. Delinq.*, April 1956, p. 321.



concerned with prediction. One surely ought now to take stock, and consider whether this is a case of tails wagging dogs or a logical development in the study of criminal careers. Does the follow-up study develop into the prediction study, or has there been a parting of the ways? The question is one which underlies the comment on '500 Borstal Boys' made in Wilkins' review of the book (*Brit. J. Delinq.*, Vol. V, No. 3, January 1955) and in Appendix VIII of the Mannheim and Wilkins Report, which I take to be the work of Wilkins also. We may pass without comment over accusations that the present writer 'rejects objectivity and precision'; but there is clearly a difference of opinion over what is acceptable as data, and over the interpretation of the words 'objective' and 'understanding'.

In his contribution to a symposium on the subject (1), Wilkins claimed that ideas concerning causality were irrelevant to statistical research; but most people would probably agree with Dr. Gibbens who, in the same symposium, pointed out that while 'one does not need to assume a causal connexion between a good prediction and the outcome, yet, in practice, the choice of possible predictions is always influenced by under-current ideas about causality'. I would add that it is also necessary to the scientist to 'understand' the results.

By 'understanding' is generally meant relating new knowledge to existing knowledge. If it is found that pre-institution work is significantly related to subsequent success or failure, the question raised in one's mind immediately is whether this is in accord with previous knowledge on the subject. The process is essentially subjective, but it is the essence of science. One expects knowledge to be coherent and complementary and it is impossible to avoid this. There are two stages. In the first the result is accepted as being in general accord with the trend of previous knowledge. The second step, however, is to ask whether it appears to advance knowledge. Does it merely repeat what is already known; if not, what is the relation of the new fact to existing knowledge? If it cannot be easily related to form a coherent whole, then it needs explaining and, therefore, at the moment, one fails to understand it. This may appear to be obvious, but it needs saying. For the statement that science progresses by prediction is not a simple statement. The essence of hypothesizing is coherence, and the predictive power of the hypothesis lies in the prophecy that other facts will also be seen as coherent when they are brought to light by working in the indicated direction. The principle of coherence is, of course, fundamentally irrational, as Professor Polanyi has pointed out, but without it we should be unable to work at all.

The point has particular relevance in relation to the criticisms of '500 Borstal Boys' referred to above. The production of a predictive device undoubtedly entails a high degree of repeatability, since the table will need continuous revision. One therefore needs high correlations over time and between observers, and for this one tends to use objective material. I do not much care for the word 'objective' in this connexion since it implies more than is really meant. By 'objective', Wilkins appears to mean repeatable in a high degree, since he does not disdain to use factors requiring some judgment. (The factor given greatest weight in the prediction table is 'If evidence of drunkenness' which requires judgment to assess it). The word 'objective' can, however, mean 'most relevant to the nature of the analysis'. It is used in this sense, for instance, by Durkheim (2) and Znaniecki (3). I would not myself agree with Znaniecki's wholehearted condemnation of statistical

atomization, but he does bring out one essential point, that the limitation and atomization which are the accompaniment of 'objectivity', in the repeatable sense, may *reduce* understanding, (what I would call 'coherence'), at the same time as they increase control.

Let us examine the Mannheim-Wilkins prediction table with this in mind. We know, in general, that factors previously found to be associated with post-institutional criminality are previous and institutional criminality, previous and institutional work (I call this work-conduct matrix (4)), and mental abnormality. Let us assume first of all that because predictive factors are significantly associated with subsequent criminality they are coherently related to what is known regarding the careers of offenders.<sup>2</sup> The table of main factors on p. 143 of the Report is as follows: 1. Total number of convictions. 2. Job changes during licence. 3. Whether ever at Home Office school. 4. Longest period in any one job. 5. Average duration of jobs. 6. Number of misdemeanours in Borstal. 7. Number of convictions resulting in fines. 8. Whether evidence of drunkenness. 9. Who the boy was living with. 10. Age at first finding of guilt. Of these, Nos. 1, 3, 6 and 7 refer to conduct, and Nos. 2, 4 and 5 to work. Nos. 8 and 9 have not to my knowledge been tested in this form on this age group before. No. 8, whether evidence of drunkenness, is not very clear, and I do not see any definitions of what is excessive drinking, but there were only 32 cases in the whole sample, and this is a factor which is interesting but not often applicable. No. 9 has not been put in this form before, and clearly ought to have been as it appears mainly to be based upon the high failure rate of homeless boys. No. 10 repeats the finding of '500 Borstal Boys', Table XI, where  $C = 0.16$ , the coefficient in the Report being given as 0.15. Unfortunately the division into age classes does not match, but the proportions of successes and failures in the over 16 group are very similar (5).

I now ask myself: Is there any special relevance in the particular factors selected? Do I know more about the relation between work and subsequent criminality when 'work habits', a 'subjective' factor, is reduced to Nos. 2, 4 and 5 above? What significance has the appearance of the factor 'number of convictions resulting in fines', or is this just a statistical quirk? By my standards of coherence the factors fit in, but they do not illuminate. One might add the comment that the omission of subjective factors excludes 'Psychologist's prognosis' which showed one of the highest correlations with the criterion, and which is comparable with '500 Borstal Boys', 'Personality type' (Table XXXVI), and the Gluecks' 'Mental abnormality' (6), both of which show significant correlations with the criterion.

The Report then reduces the overlap between factors by using a matrix of second order correlations. The object of this is to produce a measuring rod rather than look for specific relationships, but one can still look at the results on the assumption that the factors concerned are closely correlated with subsequent reconvictions. The final list of factors used for prediction is:

<sup>2</sup> Dr. Mannheim has in the past referred to 'prediction studies which aim at the discovery of predictive factors which may or may not be at the same time causative factors'. 'Methodological Problems in Criminology' in 'Group Problems in Crime and Punishment', Routledge, 1955, p. 119.

|                                                                                                                   | <i>Weights</i> |
|-------------------------------------------------------------------------------------------------------------------|----------------|
| 1. Evidence of drunkenness . . . . .                                                                              | 24             |
| 2. If any prior offence(s) resulted in fine . . . . .                                                             | 9              |
| 3. If any prior offence(s) resulted in committal to prison or to<br>Approved School . . . . .                     | 8              |
| 4. If any prior offence(s) resulted in a term of probation . . . . .                                              | 4              |
| 5. If <i>not</i> living with parent or parents . . . . .                                                          | 7.5            |
| 6. If home is in an industrial area . . . . .                                                                     | 8              |
| 7. Longest period in any one job (weighted according to length—<br>shortest periods carrying the highest weights) |                |

This adds the factor 'neighbourhood' to the previous list, but covers much the same ground, naturally enough. Taken as a statement about the factors influencing success and failure it says that a boy is more likely to fail if he drinks heavily, if he has at any time previously been fined and sent to H.O.S. rather than put on probation, if he is homeless, if his home is in an industrial area and if he works badly. Is the weighting of previous treatments indicative of some real relationship between them and success or failure or is it the result of the statistical methods used? And can one attach sufficient meaning to it to warrant further inquiry? From the viewpoint of increased knowledge and understanding I find these results useful in the suggestion that the factors drunkenness and homelessness are of considerable importance, though the latter does no more than confirm empirical knowledge. This, however, is entirely a matter of selection of appropriate classifications and has nothing to do with prediction. I shall return to the question of classification of material at a later point.

Let us now drop the assumption that there is any necessary meaning in the actual factors selected to predict. It is not a necessary assumption. If the number of pimples on the faces of Borstal boys was found to have high predictive value, this would do equally well. Indeed, since this factor is connected with acne (and skin diseases produce emotional tensions) and presumably with immaturity of development, it would not be surprising if it did have some predictive value. Following this line we have a table which is entirely an administrative tool, and must be considered wholly in this light. There is no space here to enter a prolonged discussion regarding the usefulness of the tool, and Mr. Morrison has already raised a number of useful points in this connexion (7). A few comments must suffice.

Nothing need be said here about criticisms that the process is inhuman or mechanical. People who say this are quite prepared to use intelligence tests which are almost invariably based on apparently nonsensical questions, or the mechanical manipulation of shapes or materials. If one is prepared to accept the high correlation of I.Q. with school success and use it as a predictive device, there seems to be no reason why one should reject the possibility of using a prediction table, since fundamentally both are statistical uses of previous experience. One need not know what I.Q. measures just as one need not know what a prediction table means.

The prediction table has a short history, however, and has not yet reached the refinement of tests of I.Q. As it exists at present it can only give very general discrimination between broad types of treatment, and is therefore more applicable to the work of the courts in classifying offenders into the appropriate forms of



treatment, than in the application of different techniques within a single form of treatment. An approach to this has been made in the Report, and the tables showing the prediction classes by open and closed institutions and by length of detention are of great interest. They need much refinement, however, if they are to be used as anything more than an additional aid in preliminary allocation. It must be remembered that allocation depends upon a number of administrative and social factors ranging from the number of places available to consideration of the boy's own wishes, and, in practice, a predictive device must justify its cost if it is to be accepted as one of the factors to be taken into account. The difficulties of refinement are, however, considerable, since large numbers are needed and 'objective' factors tend not to show significant correlations when one begins to study social work techniques. It may, therefore, be wiser at present to concentrate on producing tables which could be used by the courts rather than to attempt to refine the tables applicable to a single treatment or process—though both developments are desirable.

It may be that 'subjective' predictions, suitably prepared and tested, would predict a large proportion of successes and failures. It is time someone made a really exhaustive examination of the relation between 'subjective' and 'objective' predictions and the results of prediction tables. The evidence at the moment is that the latter achieve much better results, and this one would expect *a priori*, given a suitable statistical model. But the comparison has not yet included sufficient numbers of deliberate 'subjective' attempts to predict on this criterion under conditions less affected by the exigencies of human relations in an administrative setting, nor experiments in attempting to improve such predictions. I do not think that the comparisons in the Report between an analysis (not made apparently by anyone with special knowledge of the Borstal service) of Governors' and Housemasters' reports with the prediction classes are any proof of the necessary inferiority of 'subjective' reporting. The difficulty of interpretation is not overcome by using a 'best' and 'worst' criterion, since it derives both from the limitations of the job, and the close understanding between training and after-care staff. I should, myself, be somewhat surprised if a 'subjective' prediction was as reliable, but it is essential to remember that one has to weigh increased predictive efficiency in the middle of the range against the expense and trouble of preparing tables. It is sometimes forgotten that the value of the prediction table does not lie in its absolute success, but in the nature and extent of the improvement upon less accurate methods. The Ohlin and Duncan approach to assessment, though their criterion was mechanical and possibly harsh, is undoubtedly the right one (8).

Even, however, if one could not produce a 'subjective' method which is sufficiently satisfactory, the matter would not end there. It would have to be shown what sort of changes could be predicted in what sort of spheres. The attempts in the Report to use other criteria suffer both from the bluntness of the initial data and from the lack of belief that there is any particular value in predicting good work rather than lack of reconvictions. From the point of view of the Associate it is more useful to know whether a boy is likely to have improved in work, than whether he is likely to offend again (that is, assuming that either of these are of any use, *i.e.* likely to affect action; we have no evidence on this). In particular he would like to know *in what way* Smith or Jones is likely to break down at work—

or at home for that matter. These are the kind of things upon which he himself makes predictions; can the scientist do the job better for him?

To summarize, we need not necessarily consider the question of advancement of knowledge in relation to the production and use of prediction tables, but if we do, what appears to emerge is not so much a problem of statistical handling as of initial classification of data. If we do not start with understanding and relevance, we cannot emerge with understanding and relevance—this is a necessary corollary of the statement that correlation is not causation. The quasi-experimental projection of predictive classes on to data such as the open/closed criterion is extremely helpful and suggestive in so far as we have knowledge of the meaning of the predictive instrument, and much more of this type of work needs to be done. Nevertheless there is a limit to its usefulness, which is defined by the relevance of the predictive factors to the prevailing state of knowledge. It is interesting to know that those boys who, for reasons not at all clear, are unlikely to be reconvicted, do better or worse in closed institutions; but both the academic and practical usefulness of such results are limited by the relation of the predictive factors to causation (or ‘related precedence in time’ if this is more congenial) and to treatment.

Thus, increasing statistical refinement may lead to increasing confusion. There is a very real sense in which uncertainty in the social sciences cannot be reduced to statistical estimation (as, for instance, in the need to introduce such factors as taste in interpreting economic equations of the functional type), and in which statistical model making is inferior to the production of relevant and revealing conceptual relationships. The laboriousness of the statistical construction, while superior to judgment in the early stages, tends to collapse under its own weight if it must bear too many of the complexities of human behaviour.

While the exploration of statistical manipulation has yet to increase in depth, in the long run it is the nature of what is manipulated which seems to me to be the most relevant field for study. The object must surely be the simplest statistical treatment of the most relevant data. The obvious query is ‘Most relevant to what?’ The subject matter of any study concerned with the treatment of delinquents must be the relation between treatment and any substantial change which takes place in the offender’s behaviour. In this equation there are three terms: the personality and previous history of the offender, the nature of the treatment applied, and the criteria to be used for assessing change. Of these, we know a good deal about the first; we usually make practical, but not necessarily relevant, assumptions about the third; but we know almost nothing about the second. It is, however, essential to realize that these are highly dependent upon each other. If we wish to speak in terms relevant to the treatment of the offender then we should work backwards and forwards from an examination and classification of treatment and its relation to personality and behaviour. What we have tended to do up to now is to throw into the pot anything and everything we can collect, and to see if it correlates significantly with a criterion of subsequent success. This is not to be despised in a period of exploratory studies, and it has led to much clarification of the field. It must, however, be followed by a more sophisticated type of project in which the results elaborate on the generalities derived from the original studies.

One of the important reasons why the follow-up study has become a popular approach in criminology is the existence of the apparently simple criterion of

reconvictions. A criterion of this kind obviously bears some relation to changes which have taken place in the offender, and in a rough way reflects the extent and direction of the change. If it is, in fact, a valid short cut in the measurement of progress and improvement then someone should demonstrate this, just as Warner *et al.* demonstrate the validity of their Index of Status Characteristics as a measure of class by comparing it in considerable detail with their Evaluated Participation Scale (9). The reconviction criterion is best judged, however, as a statement of progress made by the offender towards reform, and by this standard is obviously highly over-simplified. Perhaps it would be better to estimate progress directly in selected spheres as in Power and Witmer (10), Bowler and Bloodgood (11), or Rumney and Murphy (12). Another interesting approach is that of Hunt and Kogan (13), who attempt to systematize the progress of the case in a scale which purports to measure the amount of 'movement' alone, though in fact it embodies distinct assumptions about its direction. This type of approach tends to fail when attempts are made to correlate the results with subsequent performance, but it does have the merit at least of starting from the social work process rather than from its results.

All this seems to lead towards the sort of study I briefly suggested in '500 Borstal Boys' (14). The follow-up study should be a follow-through study in which one begins by carefully studying the nature of treatment with a view to setting up categories relevant to its effect upon the changes which take place in the offender's behaviour. I should be prepared to sacrifice a certain amount of 'objectivity' (reliability) to achieving this aim<sup>3</sup> but it would certainly not obviate the use of statistical methods, especially the analysis of variance and covariance, providing one could produce data in sufficient amounts to use them.<sup>4</sup> The major problem, as I see it, is not that of statistical handling; it is finding the right things to be handled. The supposition that 'objective' data are always the right things, and 'subjective' always the wrong things is initially self-defeating for any academic process in the social sciences and cannot be entertained. On the other hand, and this cannot be too strongly emphasized, the reverse supposition is equally self-defeating, especially in the extreme form of 'Nobody can understand this except those doing the work, and it is too complex for analysis'. The use of 'objective' data has a much wider field of application in the social work field than most social workers, or psychiatrists, would admit.

If we think of the follow-up study in these terms, a wide gulf opens between it and the prediction study. The cracks can already be seen in the criticisms in Appendix VIII of the Report. Take the selection of a sample. Obviously a prediction study must sample committals since this is the point at which prediction is to be applied. The follow-up study is concerned primarily with people who have 'complete' careers, *i.e.* who have been exposed to both treatment and after-care, and therefore tends to omit, as does '500 Borstal Boys', all those who did not follow a 'normal' career of institutional treatment and after-care. The effect of this, and of losses of files, is to reduce the number of 'failures', as Wilkins rightly

<sup>3</sup> A romantic attachment to 'objectivity', whatever the circumstances, is almost as crippling as a romantic attachment to 'subjectivity'.

<sup>4</sup> As Festinger suggests, there are some gaps in available statistical methods, particularly in the field of small numbers, and where correlates are not independent (15).



shows, but this depends on what one means by 'failures'. A failure to hold a boy in the early stages of treatment is not a failure in the same sense as after going through the whole institutional process, and such boys ought to be studied separately. Indeed, while it is advantageous to achieve a good sample of boys, for purposes of comparability, it would not matter if it were seriously defective since the important thing is to compare careers over time, rather than to compare groups of careers at different times, or to assess the results of the Borstal system in general.<sup>5</sup>

The difficulty lies much more in achieving and studying homogeneity than heterogeneity. It is better, for instance, to study the careers of one group, or a few groups of boys in detail than to study the whole range. Thus, to take an example, we ought to study the variations and effects of dealing with absconders (perhaps in several classes) or aggressives, or boys with a particular combination of factors such as age at onset of delinquency, plus number of previous convictions, plus type of previous treatment, and so on. A series of such studies would be much more helpful to a treatment authority than the distribution of successes and failures.

Much more important than this, however, is a comparison only touched upon in Appendix VIII, namely the fact that the group upon which '500 Borstal Boys' is based underwent Borstal training in wartime, when the system was much curtailed. It seems to me of particular interest that the same types of correlations hold, war or no war, whether one considers discharges from the Borstal system in the 1940s or from Massachusetts Reformatory in the 1910s. What is to be deduced from this? Clearly there must be very broad categories, which are based upon the general nature of criminality in these age groups in the two countries. If anything is to be made of them they need to be sharpened considerably. The Report, I think, has made a step in this direction by considering a number of different classifications of data, some of them new; but it has done this incidentally and with little attempt at interpretation. I am led back to the same conclusion, that relevant classification of data is of primary importance and I suspect that it can only be arrived at by the study of homogeneities.

The dilemma in which we find ourselves is, of course, a common one in the social sciences. We shall never know the ultimate 'causes' of delinquency or recidivism, for they are myriad and their inter-relationships even more numerous. In this situation, the development of 'objective' indicators is of great importance, but this must not be confused with the development of understanding, to which they do not necessarily contribute. One tends only too easily to create a situation where the indicators become confused with what they indicate; a situation now common in connexion with psychometric techniques. It is unwise in these circumstances to assume that the search for more insight regarding the properties of the object of study is useless. We may never be able to uncover all the ramifications of causation, but we can at least become clearer how to handle the things we know, and to appreciate how they are related.

There should, however, ensue a fruitful coming and going between those

<sup>5</sup> It should be remembered that the methodology of '500 Borstal Boys' was largely dictated by the need for comparability with the Gluecks. At the time the work was done it seemed unlikely that there would be any comparable data in this country.

whose concern is statistical elaboration and those who are primarily concerned with classification and typologies. Neither, surely, can progress without the other. Statistical progress must depend upon relevance, while the reliability of typologies must be demonstrated. There is a new branching in the methodological field : but this is all to the good. We shall not arrive at a solution of the problem of effective application of treatment without following both lines of advance.

GORDON ROSE.

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## NOTES AND CRITICISMS

### PRISONS IN ENGLAND AND WALES

*Report of the Commissioners of Prisons for 1955.* Cmd. 10. H.M.S.O.  
*Prisons and Prisoners.* C. H. Rolph. *New Statesman and Nation.* February 2nd, 1957.

*Report of the Central After-Care Association for 1955.* H.M.S.O.

Each of these documents is of particular interest in that it focuses on the central problem of the contemporary prison system—that of bringing about sufficient change in the system to transform it entirely from a custodial régime with roots in the past to a forward looking instrument for social betterment.

The Commissioners, in addition to providing the usual statistics, take this opportunity to review the work of the past decade. This account of improvement in spite of overwhelming difficulties stemming from lack of adequate staff and buildings, the tide of post-war crime which did not turn until 1951, and the obligation of embarking upon such new ventures as Corrective Training, Preventive Detention, and Detention Centres following the Criminal Justice Act 1948, makes remarkably heartening reading. It is quite clear from the growth of such features as open prisons, home leave, pre-release courses and psychiatric treatment that a veritable revolution has taken place at the heart of the system since 1938, the familiar datum line for comparison. Although the Commissioners have been forward-looking for a generation or more, the law itself has now given its sanction and approval to ideas which were formerly unorthodox. Perhaps the most important fact is that 'the whole question of the officer-prisoner relationship appears to be central to the success of the programme, and . . . it is to this that (the Commissioners) intend to give priority of thought and experiment'.

'Human relations' in prison is undoubtedly the keynote of the next phase of prison development, and it is largely around this theme that Mr. Rolph's open letter to the Home Secretary is woven. Not unnaturally, he emphasizes the detrimental effect of the very many undesirable features which still remain, especially in relation to the problem of prison labour. In spite of the provision of trade instruction, prisoners in England and Wales made no fewer than three million sand and mail bags during 1954.

Without doubt, many such problems stem from the unmitigated evil of the short sentence, and responsibility here rests not with the Commissioners but the Bench. Over 7,000 persons remanded to prison in 1954 were not subsequently returned on conviction, and sentences of five weeks or less constituted no less than 25 per cent. of all male receptions. While sentences of CT on recidivists continue to decline, PD continues to rise steadily, and three other prisons besides Parkhurst are required to deal with the overflow. The increase of 500 per cent. since 1938 in sentences of 18 months and over leads Mr. Rolph to suggest that the final negative sanction, especially in the case of PD, is being used with undue frequency.

Although individual circumstances must vary, such magisterial decisions as 52 attempted suicides committed to prison must be viewed with considerable



misgiving, as must the fact that over half the number of boys under 21 sent to prison went for three months or less, and 25 per cent. had no known previous convictions.

The ultimate objective test of a prison system must be the extent to which it is instrumental in keeping men and women from returning to crime, and the data provided in the Report of the Central After-Care Association indicate that even the present system with its shortcomings is by no means without some success. It is nevertheless stressed that effective after-care is a vital adjunct to the prison system, and that there remain many problems to be tackled. The appointment of four Prison Welfare Officers, adumbrated in the Maxwell Report, represents a much needed beginning in the provision of social case-work rather than material aid for the discharged prisoner, and the privately financed special case-worker at Holloway is an overdue experiment.

Finally it must be noted that a great deal of responsibility for statutory after-care rests with the Probation Officers who act as Associates. While it is undoubtedly true that they are among the best fitted for the work, the increase in the number of men requiring statutory after-care following long sentences of four years or more, an extremely difficult group with which to deal, is likely to put additional strain upon their time and resources in the next few years.

T. P. M. MORRIS.

## REVIEWS

PHYSIQUE AND DELINQUENCY. By Sheldon and Eleanor Glueck. (New York : Harper Brothers. 1956. Pp. 339. \$6.)

The relationship between physique and character attained prominence through E. Kretschmer's celebrated book, but it had already become a field of inquiry in Italy and Germany through the work of Pende, Nicorati, Villa in Italy, Kurt Kolle in Germany, and later in France through Macauliffe and Sigaud. Kretschmer's correlation had very slender statistical support from the study of a random population, although the major psychoses—manic depression and schizophrenia—showed a significant dichotomy into extreme types—pyknic and leptosome—for these mental disorders. With the work of Sheldon, the typological approach to morphology took on a new lease of life because he based his classification on differences which had some relation to embryological layers which lie at the base of physical types. It is this method based upon many subdivided physical forms derived from standard photographs which the Gluecks have utilized in this very scrupulous study of somatotypes and their psychological variants.

The research compared delinquent and non-delinquent groups with respect to their falling into mesomorphic, endomorphic and ectomorphic somatic groups. A variety of mental traits and behaviour signs were carefully analysed under these basic classes. The ectomorphs seem to be more vulnerable than the others to the impact of environmental forces. They appear to restrain aggressive impulsiveness, whereas the mesomorphs tend to the acting-out of aggression.

However thorough this inquiry was, it leaves one with a sense of dissatisfaction that the correlations are never very significant. This must be largely due, as the

authors advised, to the multifactored nature of delinquency and its behaviour patterns. Yet while the variations of type differences are there and, on any body-mind hypothesis, must be there, a different therapeutic approach to the somatotypes opens interesting avenues to new methods of treatment. To balance genetic predisposition against environmental forces is no easy matter in the present state of our knowledge. Nevertheless, all students of delinquency who are prepared to consider physical, psychological and sociological factors as of equipotency in the destination of the potential delinquents, will be grateful to the authors for the varied amount of information they have brought together covering behaviour and constitution.

E. M.

CLINICAL v. STATISTICAL PREDICTION. By Paul E. Meehl. (Minnesota : University of Minnesota Press; London : Cumberlege. 1956 (2nd Print). Pp. 149. 24s.)

(I)

The title of this book suggests a conflict between the statistical and the clinical viewpoints concerning prediction methods. Conflict can only exist if both are trying to do the same thing in two different and opposing ways. If they are trying to do the same thing in complementary ways, or attempting different things, no conflict can exist. The author attempts a reconciliation of the two methods along these lines.

The book provides a well-reasoned and careful analysis of both the statistical and the clinical viewpoint. The author is a clinician, but has a good grasp of the philosophy and methods of statistics, at least those developed up to six or seven years ago. It is unfortunate that recent developments in statistical theory and practice make some of the argument unnecessary, but it is the more interesting to find a clinician working with problems that have troubled statisticians and arriving at a very similar answer. The answers provided by Meehl, however, cover only the philosophy, since the developments in statistical methods are part of some new thinking unknown to him.

The author's criticisms of statistical methods are : (i) Statistical machines are not capable of reasoning by analogies. Each detail is specific and has to be considered separately. (ii) Statistical machines can neither introspect nor interact with the case they are considering—there is no involvement.

Both of these points will be agreed by statisticians. Disagreement might arise from different assessments of the value of analogous thinking. How sound is the kind of reasoning which states : ' This syndrome X, about which I have no experience, is so similar to syndrome Y, of which I have had specific experience, that they are both the same in effect ' ? For the second point, whilst involvement may be useful or even essential in therapy, prognosis and therapy are two different things. The author does not always keep the distinction clear.

This book does a great service in collecting together notes on all studies known to the author where the statistical and clinical methods of prediction were used for the same cases. The results of these studies seem to have surprised the author. It seems reasonable to expect that good clinical methods might be better than poor statistics but, in fact, no study showed a significantly better prediction by clinical methods and most statistical predictions were significantly superior. Unfortunately

the author describes the clinical methods in detail, but says little or nothing about the statistical techniques which cannot, therefore, be evaluated. Some are known to your reviewer to be of low efficiency.

As a statistician, your reviewer is in no doubt that most readers might think this represents a victory for statistics—at least the clinical author has been won over to the statistical viewpoint. But the statistician does not want to win—there should be no conflict but co-operation. The statistician begins where the clinician leaves off in some things, and in others the clinician should begin where the statistician left off.

L. T. WILKINS.

## (II)

Meehl claims some objectivity for himself in the clinical-statistical 'debate' by virtue of his position as 'a hybrid working clinician and rat psychologist'. I find his claim justified by his scrupulously fair discussion of the issues involved in his main thesis that 'there is no convincing reason to assume that formalized mathematical rules and the clinician's creativity are equally suited for any given task or that their comparative effectiveness is the same for different tasks'. He even makes explicit his personal hunch that clinicians would be better employed in therapy than in doing prognostic work which could be done more efficiently (economic considerations included) by statistical clerks. This 'bias' leads him to be less ego-involved than otherwise in resisting what he calls the 'brute fact' that in all but one of his comparisons of clinical and actuarial studies 'the predictions made actuarially were approximately equal or superior to those made by a clinician'. Even so, he presents as subtle and persuasive a case for the intuitive methods and the creative hypothesizing of the clinician as most of us would wish for. Particularly valuable is his discussion of the concept of 'actuarial' methods and his insistence on the crucial importance of Reichenbach's distinction between 'context of discovery' and 'context of justification'. His main conclusions appear to me to be these:

1. In view of the defects and ambiguities of the comparative studies available so far, further systematic investigation is necessary to establish the classes of situations in which each method is more efficient. Meanwhile, he does not find that 'strong generalizations' are in order.

2. Statistics are unavoidable if the honest clinician is to answer the question: 'Am I doing better than I could do by flipping pennies?' 'Always the actuary will have the final word'.

An interesting part of Meehl's treatment of the prediction problems is his discussion of the logical status of probability concepts as one of the most technical and obscure problems of modern philosophy and logic of science and his final reminder that there is unfinished work here for the logicians as well. Contrary to Wilkins, Meehl appeared to me singularly effective when separating therapeutic from prognostic clinical activity. His more successful defence of intuitive 'prediction' in the former setting bears this out only too well.

R. L. MORRISON.



DIE REFORM DES STRAFRECHTS IM RÜCKBLICK AUF BERLINER IMPULSE IN DER GESCHICHTE DER MODERNEN KRIMINALPOLITIK. By Eberhard Schmidt. (J.C.B. Mohr (Paul Siebeck) Tübingen, 1956. Pp. 18. D.M. 2.)

For the last fifty years German criminal law has been in a state of constant reform. While numerous partial reforms materialized by statutory amendments or administrative practice, a new generation of criminal lawyers is at work for the promotion of the final aim, to replace the Criminal Code of 1871 by a new codification. The beginnings of this movement have now become history. It was in this spirit that Professor Eberhard Schmidt, a distinguished scholar both in the field of legal history and modern criminal law, recalled in an address before the German Lawyers' Congress in Berlin, 1955, one important episode: the common declaration in 1902 by Franz von Liszt and Wilhelm Kahl in favour of a united action independent of theoretical differences. This truce between the leading figure of the new sociological school of criminal law and a representative of the classical conception of retributive punishment has often been criticized as a surrender of principles for the sake of legislative expediency. Indeed, theories become questionable if they prove irrelevant for the creation of a new penal system. Professor Schmidt shows that the historic agreement and point of departure was based on firm common ground. A rational system of crime prevention implies an extension of the power of the State, but, even then, von Liszt would never have wished to dispense with the rule of law. At the same time, Kahl recognized the need for adapting criminal law to the social reality of the time, as it was revealed by the new empirical criminology, and, for this reason, abandoned the Hegelian conception of atonement by enforced retribution as a guidance for practical penal policy. Both positions are closely inter-related and have remained the basis of the criminal law reform of today in which the author of this stimulating address himself plays a prominent part.

M. GRÜNHUT.

STRAFGESETZBUCH MIT ERLÄUTERUNGEN UND NEBENGESETZEN (KOHLRAUSCH-LANGE). By Richard Lange. Forty-first edition. (Berlin: Walter de Gruyter & Co. 1956. Pp. xi + 715. D.M. 34.)

Legal commentaries are in the habit of growing. The annotated edition of the German Criminal Code by the late Professor Kohlrausch had a high reputation for its treasures of original thought and sound legal arguments displayed in the utmost condensed form. In the hands of Professor Lange, this book, by its size and the presentation of its content, has now assumed all the features of a traditional commentary. The new edition reflects the present state of German criminal law. Still within the framework of an interpretation of the Criminal Code of 1871 in the prevailing version of 1953, this book shows an increasing number of ramifications and subtle distinctions of the law as they are developed by judicial decisions, discussed in a formidable legal literature and, as pointers to the future, laid down in successive projects of law reform. In spite of its statutory basis, German criminal law gives the impression of being in a state of constant movement and unrest which affects, if not the actual boundaries of punishable conduct, at least the dogmatic classification of the legal ingredients of criminal offences, as well as of the reasons for an exemption from punishment. In German law, judicial precedents have only persuasive power, and so have theoretical doctrines of learned authors. Pro-

fessor Lange puts less emphasis on 'controversies' between judicial practice and theoretical jurisprudence than on the way in which the present Supreme Court integrates theoretical principles into the practice of the courts.

The English reader will be interested to learn how, in the light of this commentary, questions are solved which, in the different context of English law, are at present topical in this country. As an expedient for a restriction of the wide range of capital murder, English lawgivers have adopted the Scottish precedent of diminished responsibility. Germany, which abolished capital punishment in 1949, has a general provision for the intermediate state of diminished responsibility which was introduced in 1933 in conformity with every preceding draft code. According to the prevailing cumulative principle, diminished responsibility implies a facultative mitigation of punishment plus a discretionary indeterminate committal to a mental hospital. This double-track system meets with considerable criticism today; medical experience seems to show that 'it is wrong to treat psychopaths throughout more leniently' (note X to s. 51). The author gives an interesting historical account of legislative attempts to differentiate more serious and less serious cases of homicide up to the present, when distinctions are based on a moral weighing of the perpetrator's motives and character rather than on the rational ingredient of premeditation (note III to s. 212). Since the amendment of 1941, the German Code, like the Swiss Code of 1937, has three forms of the non-capital homicide; the normal case of intentional killing, the serious forms of murder, characterized by certain motives or certain means, and the less serious cases committed under provocation or under other extenuating circumstances (note II, 2). Like English law, the German Code penalizes homosexual acts among adults without regard to their consent. Before the present Law Reform Commission, medical experts declared legal punishment unsuitable for the prevention of these forms of sexual aberrations (note I to s. 175). Under the prevailing law, it is a question of interpretation, to what extent indecent acts are to be regarded as homosexual offences. Contrary to the tendency of the wording of the amendment of 1935 and the judicial practice which followed it, the author recommends a restrictive interpretation which would be in line with the original wording of the Code and more or less correspond in English law to homosexual offences under s. 12, Sexual Offenders Act, 1956.

These few illustrations suffice to show that Professor Lange's commentary offers much valuable material and many stimulating observations to the student of comparative law who wants to know how present-day criminological problems find their legislative solution within the framework of different legal systems.

M. GRÜNHUT.

**PSYCHOPATHY AND DELINQUENCY.** By William and Joan McCord, Harvard University. (New York and London : Messrs. Grune and Stratton. 1956. Pp. 230. \$6.50.)

The problem of psychopathic personality has been one of the most vexing in the field of psychiatry and its very nature and consequences bring it right into the heart of the law and society. At one time the concept was dismissed as a rag-bag for vague diagnosis and a means, not infrequently, of evading decisions which led to the most regrettable conflicts between the legal and psychiatric evaluation of

criminal behaviour. To abandon the task of defining this most troublesome of behaviour problems would lead to a return of the reactionary attitudes towards delinquency.

The authors do not deny that the normal criminal exists, but they classify the recurrent and concurrent features in certain types of personality in such a way as to define a syndrome of asociality, aggressivity, lovelessness and absence of regulative mechanism in canalizing primitive impulse. How this syndrome comes into being is not yet clear, but the data of early childhood certainly provide a signpost in the direction of disturbed child-parent relations in which a productive life furthering libidinal tie has been severed or remains undeveloped.

That many non-psychopaths (according to definition) have such early vicissitudes is clear enough, but it indicates that some other factor is necessary for the crystallization at an early age of the asocial-loveless-aggressive pattern, and the other factor the McCords regard as being found in the inadequacy of the nervous system (demonstrated statistically) in the abnormal electro-encephalegram. Early milieu and neural inferiority are the major causes. All other factors are contributory and give rise to the special feature of the individual psychopath.

Treatment is a difficult task to undertake with such hostile material, but results, though few, are an indication that success is possible. In this regard the Wiltwyck Milieu experiment opens the gate of hope on this otherwise gloomy region of forensic psychiatry. A carefully planned research into the character traits on admission and after a period of treatment in this group situation showed that significant improvement in the direction of socialization and object relationship was achieved.

This is a valuable book, progressive in outlook and scientific in its approach. Each chapter has a useful bibliographic guide to the growing literature on this subject. A useful book also for its discussion of the medico-legal problem involved in the definition, mainly in American currency.

E. M.

THE PSYCHOANALYTIC STUDY OF THE CHILD. Vol. XI. Editors: R. S. Eissler, Anna Freud, H. Hartmann, E. Kris. (New York: International Universities Press Inc. 1956. Pp. 470. \$8.50.)

This eleventh volume shows how well established this annual collection of essays on theory and practice has become and it also measures the progress in this basic subject of psycho-analysis over the years. While Freud's foundation ideas in clinical and theoretical matters remain, the progress of ego psychology and the unconscious fantasy concepts of Kleinian workers become more clearly defined. The emphasis on child-mother relationships is becoming clearer and the hiatus between general clinical child psychiatry and psycho-analytic investigation is narrowing. Outstanding in a group of papers which are all of high quality are the essays by Elizabeth Ketzler on 'Content and Concept in Psychoanalytic Theory with special reference to the work of Melanie Klein'; David Bere on 'Ego Deviation and the Concept of Schizophrenia'; Louis A. Gottschalk on 'The Relationship of Psychologic States and Epileptic Activity' and Lili E. Peller on 'The Schools' Rôle in Promoting Sublimation'.

The successive volumes must find a place in every child treatment clinic and, although no direct references are made to delinquency as such, the material and discussions are of implicit value in this field of psychiatry.

E. M.



MODERN METHODS OF PENAL TREATMENT. By Marc Ancel, with an Introduction by Paul Cornil. (International Penal and Penitentiary Foundation. 1956. Pp. xxii + 159. Price not stated.)

This book, based partly on information obtained by questionnaires sent to member countries of the International Penal and Penitentiary Foundation, and partly on research undertaken at the Institut de Droit Comparé, must rank as a textbook of the utmost importance. It is masterly both in its analysis of the essence of various treatment methods and in their evaluation.

If one puts this book down with some feelings of disappointment, it is not because of the manner in which M. Ancel has marshalled his facts, or for lack of appreciation of the acute intelligence with which they are examined. It is the facts themselves which are disappointing, facts which demonstrate that, although the change of emphasis from the punitive to the custodial in the treatment of prisoners is accepted by most prison administrations, the transformation from the custodial into the remedial is as yet little understood. What is one to make of the touching naïveté of the administrators of a prison at Uetikon in Switzerland where prisoners undergoing punishment may look at a placard in their cell, bearing the glad tidings that  $3 \times 7 = 23$ , wrong;  $3 \times 7 = 21$ , right? How is the unexceptional logic of this statement going to help an anti-authoritarian offender to feel reconciled with authority, how is it to help the emotionally immature to acquire adult attitudes, the aggressive to mellow, the easily frustrated to tolerate setbacks, the inadequate to become more successful in his social relationships?

M. Paul Cornil, in his introduction, underlines the tendency to make life in a modern prison resemble more closely the life in the community outside. 'The ultimate end of this development', he writes, 'will be a basic prison régime in the form of an educational establishment for adults', and he continues, 'the penal administration attempts to make up, later on, for the insufficient upbringing and education that the prisoner has had'. In other words, where crime is the outward expression, in behaviour, of a disorder of feeling, the object of institutional treatment is to bring about a change in the way the offender feels about himself and about others. This may be done, amongst other things, by the deliberate grouping of prisoners, by influencing public opinion amongst them, by consciously using the dynamics of the group and the pressure of the institution. Just as probation officers have gradually learnt something of the technique of the psychiatric interview, so prison administrators will have to look over the shoulders of the social psychiatrist, and learn something of group therapy and the therapeutic community.

M. Ancel's book shows how far the thinking of penal administrators is still removed from this concept. Their ideal still seems to be a prison with a full day's work and plenty of educational and leisure activities in the evening. And indeed, the régime in most prisons is still very far removed from this ideal. But even where it is achieved, there is a rigid, authoritarian structure, a planned and egalitarian society, no wage negotiations, no trade unions, no democratic institutions, no self-government. Such a régime, however paternalistic and benevolent, at best provides a shelter for social inadequates. But with so little opportunity for choice, for making decisions and for exercising responsibility, it is almost expressly designed to keep prisoners irresponsible. The whole authoritarian, almost militaristic concept of prison will have to change radically, before we can evolve forms of institutional treatment which can really help immature personalities to grow up.

H. J. KLARE.

CRIME AND THE PENAL SYSTEM. By Howard Jones. (London : University Tutorial Press. 1956. Pp. 269. 16s.)

This is the first book to have appeared in this country which can be said to be a *text-book* of criminology in the strictest sense of the term, and although numerous other books have supplied this need with varying success in specific areas of the field, students in this country have had to rely upon American texts for most of their general guidance. These, while of undoubted excellence and comprehensiveness, focus, not unnaturally, on American problems, with the result that the British student has often to be highly selective and critical in his reading. Dr. Jones' book fulfils a long-felt need for a text-book centred about British problems.

'Crime and the Penal System' has the marks of a good primer in that it is both brief and to the point. It begins with considering some of the basic problems of criminology, the definition of crime and the relationship between an objective definition of crime and moral judgments. The difficult areas of 'white collar' crime and ethical relativity are explored with considerable skill. It goes on to consider constitutional and psychological theories of crime and some of the more important social factors generally associated with it, unemployment, poverty, family and neighbourhood.

In considering the 'phenomenon of crime' in a wholistic way, Dr. Jones attempts a synthesis of the various theories he has outlined, and while he feels that while 'psychologists and constitutional theorists' may attach too little importance to sociological elements in the causal pattern, the pendulum may have swung too far in the opposite direction. Sociologists would argue that historically this is precisely the reverse of what really happened; that the first truly scientific research into crime was carried out by workers such as Quetelet with a distinctly sociological orientation, and that their approach was largely rejected in favour of the constitutional and psychological, first under the influence of Lombroso, and later under the influence of Healy, Burt and the Gluecks.

Dr. Jones criticizes, therefore, writers like Sutherland on the grounds that they suggest implicitly that all crime can be accounted for in terms of 'social' as opposed to 'personal' factors. In many ways this is a false dichotomy which springs readily from the concept of 'cause' which hovers over the criminological field like a malicious will-o'-the-wisp creating unnecessary confusion. Although criminal motivation is clearly in the province of the psychologist those studies of crime which are concerned with its changing patterns and the social conditions which permit and stimulate it are not automatically invalid. His criticisms of Sutherland are particularly severe and he cannot accept the thesis that crime may be 'a business like any other'. He feels that Sutherland relied too much upon the statements of ex-criminals about their motives and experiences.

Unfortunately this is in direct conflict with the facts. In the United States it is acknowledged that the gangs which exist to import and distribute illicit drugs, like those which distributed liquor in the days of prohibition perform activities which are undoubtedly economic. It may well be that they must calculate risks additional to those incumbent upon a lawful business enterprise, but their organization frequently follows similar lines. Whether as individuals they may display socio- or psychopathic traits is another matter, but even business and politics may be said to have their share of similar people.

Although he attempts a synthesis of the 'psychological' and 'sociological' approaches, the reader is left in little doubt that the author's main interests are in the former. It is noteworthy, however, that Dr. Jones in addition to being an academic criminologist is also a qualified psychiatric social worker. In particular his experience with disturbed and delinquent children makes the chapters on Approved Schools and the Correctional Community interesting and comprehensive. On the whole 'Crime and the Penal System' will be an extremely useful book in the hands of students, magistrates and the interested lay public.

T. P. M. MORRIS.

CONCEPTIONS OF MODERN PSYCHIATRY. By Harry Stack Sullivan, M.D. (London : Tavistock Publications Ltd. 1956. Pp. 298. 32s. 6d.)

Although the lectures which form the greater part of this book were delivered in 1939, and were published privately as a pamphlet, this is their first appearance in book form. Yet one of the striking features of this book is how little its contents have dated since 1939; indeed, some of the concepts then described have anticipated present-day discussion and controversy in this field. It is interesting, for example, to study Dr. Sullivan's views on the importance and development of mother-infant relationship.

This book is a description of Dr. Sullivan's views on psychodynamic theory; with, for good measure, a recapitulation of these views in a final section contributed by Mr. Patrick Mullahy. These views follow no 'orthodox' school of thought, though they show much that is clearly derived from the work of Freud, Meyer and White; and perhaps most of all from the last two named. The central, but by no means the only important, concept of Dr. Sullivan's theory is the individual in active psychodynamic relationship with others, at all stages of his emotional and social activity, viewing apparently this inter-relationship more as the 'cause' rather than the 'result' of personality development. The theory, which is developed in much detail, is an attractive one; and a valuable contribution to the understanding of human behaviour. But it would seem to leave some important questions unanswered.

This is not a particularly easy book to read, for its style has neither the 'freedom' of a good lecture nor the careful constructive reasoning of a written publication. Nevertheless it is a book which repays the effort of reading it.

T. A. RATCLIFFE.

HOME OFFICE APPROVED PROBATION HOSTELS. By R. A. F. Cooks. (London : Justice of the Peace Ltd. 1956. Pp. i + 19. 3s. 6d.)

This booklet is written by the former warden of the Leicester probation hostel, and is mainly a report on the work of the hostel during its first five years. Mr. Cooks was undoubtedly a devoted and enlightened warden, with some inkling of the complex problems which often lie behind a difficult boy's behaviour. This report enables us to participate to a limited extent in his insights, and he makes a number of constructive comments which magistrates, probation officers and interested members of the public ought to ponder.

Thus he remarks on the lack of interest shown by probation officers in their charges once they have been placed in a hostel, and gives evidence to show how important it is that work with the family should continue even while a boy is away



in a hostel. There also seems to be room for much more care in selecting cases for hostel placement. Ex-institution boys appear to be particularly unsuitable—of 17 such placed in this hostel, 14 proved to be failures. Mr. Cooks also makes some interesting suggestions about the training of staffs for these institutions.

But when all this has been said, what a pity it is that the writer should have confined himself so much to general statements or to statistics. He had an unrivalled opportunity, with his intimate knowledge of the boys and their hostel experiences, to throw real light upon their personalities and on the causes of success and failure. And he could also have drawn upon his first-hand experience, to give us a realistic picture of the probation hostel as a living institution. Such 'three-dimensional' pictures of our correctional institutions are almost non-existent, but it is only through them that the actual dynamics of treatment can be discerned. Descriptive phrases help us hardly at all.

HOWARD JONES.

## ABSTRACTS

(Contributed by : T. Grygier, J. E. Hall Williams, J. P. Martin,  
and J. C. Spencer.)

### CRIMINOLOGY

ANON : 'Criminal Statistics, 1955', *Justice of the Peace and Local Government Review*, 1956, **120**, 720–721.

A handy summary of some of the Criminal Statistics for 1955. J. E. H. W.

DANIEL GLASER : 'Testing Correctional Decisions', *The Journal of Criminal Law, Criminology and Police Science*, 1955, **45**, 679–684.

The Assistant Professor of Sociology at the University of Illinois discusses the basic similarities between the case study and actuarial methods of prediction and argues that both methods would be improved if the difference between them were reduced by routine testing of the predictions involved in correctional decisions. To overcome the difficulties inherent in samples drawn only from those with whom the correctional treatment has been attempted he suggests the use of the F.B.I. fingerprint records for statistical data on recidivism. This allows a more complete follow-up of the criminal population.

J. C. S.

RONALD H. BEATTIE : 'Problems of Criminal Statistics in the United States', *The Journal of Criminal Law, Criminology and Police Science*, 1955, **46**, 178–186.

The Chief of the Bureau of Criminal Statistics, California Department of Justice, in reviewing problems of criminal statistics in the U.S.A., suggests the type of information that should be available, and points out some of the basic limitations of national criminal statistics. The need is for each State to establish an agency charged with the collection, analysis and interpretation of all statistical data on crime, criminals and law enforcement.

J. C. S.

MAXIMILIAN KOESSLER : 'Borkum Island Tragedy and Trial', *The Journal of Criminal Law, Criminology and Police Science*, 1956, **47**, 183–196.

A descriptive and critical study by a former Attorney of the U.S. Department of the Army on war trials in Germany of one of the most interesting American war

crimes cases tried outside Nuremberg. The background of the incident was the policy of the Nazi régime to encourage lynch acts against Allied flyers falling into German hands.

J. C. S.

### PENOLGY

NORMAN FENTON : 'The Prison as a Therapeutic Community', *Federal Probation*, 1956, 20, 2, 26-29.

This short but important article describes the experiments in 'group counseling' carried out by the Department of Corrections of California. An attempt is being made to convert 'the prison from a place primarily for custody to one where inmates and employees alike are influenced basically by an overall atmosphere of treatment not unlike that of the general hospital'. The first aim of the technique is to help the inmate to gain insight into his own personal problems. It is pointed out that a well-equipped prison with good educational and other programmes is nevertheless still a prison with its characteristic atmosphere, and its influence on prisoners is liable to be purely superficial. The important thing about group counseling is that the leaders of the groups are members of the ordinary correctional and training staffs. They have been prepared for this rôle by a certain amount of inservice training. The counselor leaders are helped by frequent meetings among themselves in which they discuss the problems arising in group leadership. The experiment has been in operation longest in the California State Prison at Folsom, and it is claimed that notable changes in attitudes have occurred. Not least have been the effects on the group leaders concerned who have expressed 'with deep feeling the sentiment that since they have been engaged in group counseling as group leaders their work as correctional employees has become much more rewarding'.

J. P. M.

SOL RUBIN : 'Long Prison Terms and the Form of Sentence', *N.P.P.A. Journal*, October 1956, 337-351.

This article is an attack on the prevalent American policy of imposing prison sentences appreciably longer than those customary in European countries. Evidence for and against this practice is discussed, in particular the development of over-large prisons consequent upon the size of the prison population resulting from long sentences. It is shown that the introduction of the indeterminate sentence has also resulted in longer terms, in that sentences of over five years predominate where indeterminate sentencing is used. The proposal is advocated that judges should fix maximum terms within certain limits (which would include the parole period as well) and could only impose a heavier sentence if *they* appealed to a superior court. The maxima suggested are either five years, or alternatively four and seven according to the offence committed.

This number of the *N.P.P.A. Journal* on 'Sentencing' contains a number of other articles, including 'Sentencing the Misdemeanant' and 'Jury Sentencing', which are of interest. It contains a brief description of 'Guides to Sentencing', a manual to be published by the N.P.P.A., written by a group of judges under the chairmanship of Judge Bolitha J. Laws. It is to be hoped that the manual will be made available in this country.

J. P. M.

## PSYCHOLOGY

ANTHONY DAVIDS, MARK JOELSON and CHARLES MCARTHUR : 'Rorschach and TAT Indices of Homosexuality in Overt Homosexuals, Neurotics and Normal Males', *The Journal of Abnormal and Social Psychology*, 1956, **53**, 161-172.

Report of a research based on male university students : twenty homosexuals, twenty non-homosexual psychoneurotics and twenty normal subjects. All subjects were given the Rorschach and the Thematic Apperception Tests and the data were examined with reference to signs of homosexuality suggested by Wheeler for the Rorschach and by the authors themselves for the T.A.T. All scoring was blind. Wheeler's scheme of twenty signs was, as a whole, able to differentiate significantly between the homosexual subjects and both control groups, but the overlap between the groups was large. Taken individually only four signs discriminated significantly at the 5 per cent. level. Two of the individual T.A.T. signs and the total scheme of ten T.A.T. signs gave significant results. In the homosexual group, but not in the other groups, there was a significant correlation between the number of Rorschach signs and the number of T.A.T. signs produced by each subject. The authors conclude that the existing schemes of homosexual signs in the tests under discussion 'must be further refined, validated, and lengthened' if they are to be of practical use in individual cases.

T. G.

SHELDON and ELEANOR GLUECK : 'Early Detection of Future Delinquents', *The Journal of Criminal Law, Criminology and Police Science*, 1956, **47**, 174-182.

The question raised in this article is whether the 'screening' capacity of the Table based on five social factors (the 'Social Prediction Table') can be enhanced beyond what the validation studies show to be its ability. The increase in efficiency through Rorschach tests and psychiatric data does not appear to be great enough to justify a recommendation that these skills also be used in the screening of potential delinquents. Taken singly, the Gluecks recommend the use of the Social Prediction Table rather than those based on psychiatric or Rorschach data.

J. C. S.

## LAW

JEROME HALL : 'Psychiatry and Criminal Responsibility', *The Yale Law Journal*, 1956, **65**, 761-785.

Since his return to the United States after spending a year in Britain under the Fulbright Scheme, Professor Jerome Hall, of Indiana, has declared war on the formulation of the insanity rules in the draft Model Penal Code, which was accepted by the American Law Institute during Professor Hall's stay over here and which rejects the *Durham* test in favour of a rule not unlike that proposed by the minority of the English Royal Commission. This would exculpate the defendant if he was unable 'to conform his conduct to the requirements of law'.

The first article is a vigorous defence of the McNaghten Rules. If anyone can make a convincing case for the 1843 formula it is Professor Hall, for he lays bare the anatomy of legal responsibility in a way which cannot fail to impress, and his understanding of psychology and psychiatry is hardly less impressive than his knowledge of the criminal law.

In the second article he tries to bridge the gap between law and psychiatry by



exploring the grounds on which they can meet. 'Psychiatry has much to contribute to law; but it also has many limitations . . . it ought to be obvious that not all discoveries of psychiatry are grounds for modification of the criminal law.' Thus begins his challenging reappraisal of what he terms 'the present misunderstanding'. It is within the framework of the basic rules of criminal responsibility that psychiatry can make a fruitful contribution to law. Against this framework, the paper considers the McNaghten Rules, the psychiatrists' criticism of those rules, and the major alternative formulations. Finally a substitute for the present rules is proposed together with some suggestions concerning the future development of forensic psychiatry. This is a thought-provoking contribution which should on no account be missed by persons interested in the question. J. E. H. W.

ANON: 'Nina Ponomareva', *The Criminal Law Review*, 1956 (November), 725-730.

The case of Nina Ponomareva, says this article, 'provides a useful opportunity for removing some popular misconceptions about relations between the Government, the Attorney-General and the courts'. It is from that angle that the case is reviewed, and many questions which were asked at the time of the proceedings are answered authoritatively. J. E. H. W.

G. S. CHAMBERS: 'Period of Residence Requirement in Amending Probation Orders', *The Criminal Law Review*, 1956 (November), 766-768.

A discussion of the proper interpretation of the provisions of the Criminal Justice Act 1948, relating to the power of the courts to make residence in an approved probation hostel a requirement of probation, which the writer contends are loosely drafted and open to several interpretations. J. E. H. W.

## SEXOLOGY

REX COWAN: 'The Female Prostitute' *The Criminal Law Review*, 1956 (September), 611-614.

Mr. Cowan makes a brief survey of the extent and nature of the problem of prostitution in England, and offers a psychological explanation which has attracted some correspondence in subsequent issues of the journal. See the October number, 713-714, and November, 781-783. J. E. H. W.

CHARLES BERG: 'The Problem of Homosexuality (I)', *American Journal of Psychotherapy*, 1956, **10**, 696-708.

A survey of the problem with particular reference to its frequency in humans and animals: to its genesis and the relative weight of constitutional and psychogenic factors. Evidence of researches and own clinical practice summarized. It reveals the rôle of conditioning (experiments on animals quoted), of early seduction, of cultural influences (anthropological evidence quoted), of various fetishistic and defence mechanisms, of endocrine deviations and of genetic factors as studied on cases of homosexual twins. The author expresses a view that homosexuality is not a clinical entity, but a symptom with different meanings in different personality set-ups. He concludes that homosexuality and heterosexuality are not inborn but acquired: all human beings are essentially bi-sexual and pure monosexuality may be regarded as an indication of neurosis. T. G.

## CORRESPONDENCE

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### 'DULY QUALIFIED MEDICAL PRACTITIONER'

The Magistrates' Courts Act of 1952 empowers Magistrates' Courts within certain limits to adjourn a criminal case after a finding of guilt if they think 'that an inquiry ought to be made into his physical or mental condition before the method of dealing with him is determined'. Such an inquiry involves medical examination by a 'duly qualified medical practitioner'. The Criminal Justice Act of 1948 (sec. 4 (I)) lays it down that where the court wants an inquiry into an offender's mental condition, such inquiry should be made by a 'duly qualified medical practitioner appearing to the court to be experienced in the diagnosis of mental disorders'. Thus the important question arises: What training and experience qualifies doctors to examine and report upon the mental state of offenders? This question has, be it noted, to be decided by courts which are composed either of lawyers or of men and women who are laymen in both law and medicine.

The word 'mental' is ambiguous. An offender may be at some stage on the road that ultimately leads to insanity, or he may be suffering from some form of neurosis. Both conditions are included in the description 'mental', but no definition of this word is given in the Act. Thus a heavy burden is placed upon the courts in the selection of doctors who are to be asked for a report. If the examination is made while the offender is in custody, the courts are relieved of this burden, which falls upon the medical staff of the prison or remand home concerned. But if the offender is to be temporarily released on bail, and the Act expressly provides for this, the court has to decide what medical institution or individual doctor is to conduct the examination.

The medical staff in our mental hospitals have made considerable progress in dealing with cases at various stages on the road to insanity. This progress has been greatly facilitated by the system of voluntary patients living for a time in these hospitals. Success has attended a variety of new treatments in which powerful drugs and electricity are used. Certain surgical operations have also been proved valuable in extreme cases. The object of these treatments is psychological, but the method is physical.

On the other hand equal success can with full justice be claimed by doctors using methods that I can only describe as conversational psychotherapy. By this I mean the methods taught by Freud, Adler, Jung and other leading men, the methods used at the old Tavistock Clinic and at the I.S.T.D.

Some mental hospitals have on their staff one or more psychotherapists who use these latter methods, but it is not always the case that these doctors deal with the delinquents who are sent for investigation by the courts. So the important

question has, therefore, to be faced whether and to what extent doctors who are highly trained and fully experienced in the treatment of many forms of incipient insanity can usefully report on cases sent for inquiry by the courts and later, if treatment is found desirable, conduct such treatment.

The I.S.T.D. has done much valuable work in organizing conferences for the medical staffs of mental hospitals at which the different treatments of criminal offenders by what I have called conversational psychotherapists have been explained. It is greatly to be hoped that these conferences will continue. But are these two branches of mental work separate and must they remain so? To take an analogy from the profession to which I belong: Barristers with long experience in the criminal courts would not be of great value to clients seeking to make or interpret a will, while barristers who have spent their professional lives in the Chancery courts would not be effective if briefed to defend an executor charged with fraud in connexion with his duties as executor. Both groups of barristers are 'duly qualified' and each group is skilled in his own branch of the law. But specialization has driven the groups apart. Is this a true analogy with the problem I have stated?

I have had many contacts with psychotherapists using conversational methods and some with doctors working in mental hospitals. Among the latter I have observed an element of disparagement of the former. I have heard such doctors denounce conversational psychotherapy as 'mere talky-talky methods'; doubts have been expressed as to the possibility of successful treatment by such procedures. This worries me greatly and makes me wonder whether such attitudes will not jeopardize the good work that we all hoped for after the passing of these sections of the Criminal Justice Act.

It seems to me that in the examination and treatment of those who have offended against the criminal law doctors who have specialized in conversational psychotherapy are more likely to be of value to the courts than those practising physical methods in mental hospitals. Men who expose themselves indecently, those who indecently assault children, those who indulge in minor homosexual practices, etc., and also some of those who persistently steal, misbehave or otherwise make nuisances of themselves are not frequently on a road that may lead ultimately to insanity. But they may be driven in their conduct by some neurotic or even psychotic condition.

I have many reasons to have faith in conversational psychotherapy. My fifteen years' experience as a magistrate in the London courts were over before these Acts were passed, but general powers in an older Act enabled me to take almost every step authorized by that Act. I sent many dozens of cases, with their consent, for examination and treatment at the old Tavistock Clinic, the I.S.T.D., the Maudsley Hospital and to individual psychotherapists. But I never sent any case for examination and report to a mental hospital. I had full reason to be satisfied with the results achieved by psychotherapists and in my small book 'Crime and Psychology' I described this pioneering work and set out many cases where some remarkable results were achieved. Thus, a man of 58 whom I found guilty of exhibitionism was found to have been five times in prison for the same offence. Treatment was provided by the I.S.T.D. after some delay, and the court Probation Officer did much to help. We were able to follow him up for two and a half years



and during that period there had been no trouble with the police. Another man of 23 had been watched by the police for a long time, so when he appeared in court he was only technically a first offender. I found him guilty of indecent exposure. The then Tavistock Clinic arranged treatment for him and, though the reports from the psychotherapist who treated him were not optimistic, we followed him up for six and a half years and there had been no further action by the police. Cases such as these may not have been cured in the medical sense, but at least they ceased to cause trouble to police and public.

As one who still takes a great interest in the co-operation of criminal court and doctor (though I am far from being one who believes that crime is necessarily a disease) I am much worried by the practical working of these sections of the two Acts. In the big cities and the areas near them the criminal courts usually have a free choice between mental hospitals or clinics where conversational psychotherapy is given. Such was my situation in London. But in the sparsely populated areas only the services of mental hospitals are as a rule available. Courts in rural areas are dependent upon them when they wish to make use of their powers to obtain reports or to arrange for treatment. It is highly encouraging that more and more courts are doing this, but I am concerned at the possible consequences.

If in fact an offender whose criminal conduct has been wholly or partly caused by some neurotic or psychotic condition unknown to him is examined by a doctor who, however eminent and skilful he may be in all that relates to the early stages of insanity, is unskilled in conversational psychotherapy and possibly sceptical about its possibilities, then the report to the court is likely to be that no trace of abnormality has been found. Having received such a report, the court is not likely to realize that there is another line of inquiry, that of the conversational psychotherapist, so the court may deal with that offender in the old-fashioned way by some form of unconstructive punishment. This may well have adverse effects upon the offender, so that he may become a worse menace to the public than he was before. It frequently happens that the victims of such offenders are young children. If the offenders are in fact handled by their court on old-time methods, more children are likely to suffer in the future.

These problems have recently been discussed by the Mental Health Committee of the Magistrates' Association of which for the time being I am chairman. We sent a letter to every member of our Council who is a magistrate in a rural area, and we made an appeal to such members in our Association's journal. We asked them whether their Benches had found present facilities for mental reports and treatment adequate and, if not, whether they had communicated with their local Regional Hospital Board. In almost all the replies it was stated that facilities were adequate and that no approach to Regional Boards had been found necessary. Yet I wonder. Is the problem that I have stated a real one? Are my fears about the undiscovered neurotics founded in fact? I look forward to some enlightenment on these questions.

Yours etc.,

CLAUD MULLINS.

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